



WORCESTERSHIRE COUNTY COUNCIL

ANNUAL REPORT

OF THE

COUNTY MEDICAL OFFICER

OF HEALTH

FOR

THE YEAR 1952

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WORCESTERSHIRE COUNTY COUNCIL
ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER
OF HEALTH FOR THE YEAR 1952

Mr. Chairman, Ladies and Gentlemen,

During the past year the health of the citizens of the county has been satisfactory. Reference to the statistical tables will show that Worcestershire compares favourably with the country as a whole and there has not been any exceptional or widespread outbreak of infectious disease.

The services provided under the National Health Service Act 1946 have now been operating for five years, so that some view of its advantages and shortcomings can now be expressed as a result of the experience gained.

I think it can fairly be said that in Worcestershire the representatives and officers of the three main sections of the health services (Regional Hospital Boards, Executive Councils and Local Health Authorities) have all tried to make this scheme of three separate organisations function with a considerable degree of success.

In August 1952, the Minister of Health stated that he had been considering the information on the local health services which should be included in the medical officer's annual reports and that as some years experience was now available of the working of the local health services provided under the National Health Service Act, the Minister felt that it would be advantageous to central and local administrations alike if in every county and county borough, a special survey was made which not only included an account of these services as existing at the end of 1952, but also contained a general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the health services. A survey report was prepared and submitted to the Minister in February of this year ; a copy is appended to this report.

Shortage of nursing staff for the domiciliary midwifery district nursing, and health visiting services has been pronounced, and this shortage will continue.

Another difficulty with the nursing service has been the provision of housing accommodation, for, in many cases, when nurses retire, they continue to live in their present houses, owned or rented by them. I should like to thank many of the borough and district councils for their offer of help to provide houses to remedy this very serious deficiency.

The work of the Ambulance Service continues to increase, though every care is exercised to limit any abuse. Replacement of some of the old ambulances has been effected, one new temporary ambulance station erected and improvements have been made at others. This policy will be continued, subject to the basic necessity for economy in money and manpower, to provide an efficient service at the lowest cost.

The rapid advances in the treatment of tuberculosis, the promise of protection by B.C.G. vaccination against this disease, and the development of home treatment and after-care, augur well for the ultimate control of this infectious disease. The importance of prevention as a means to effective control and eradication must never be overlooked in the enthusiasm for some new form of treatment for those who are already infected.

At long last the provision of a piped water supply to rural areas without this amenity is beginning to reach the stage of active progress. There is an adequate supply of water available in this county ; the difficulty is one of distribution.

The associated problem of the provision of systems of sewerage will have to be faced at a later date, and such schemes will be more difficult and more expensive than the provision of a piped water supply.

One of the biggest sociomedical problems is that of caring for the elderly. In the past thirty years the proportion of elderly persons has increased from approximately one in fourteen to one in seven, and the proportion of " wage earning " members of the community will soon be only one in every three persons.

The report of the County Welfare Officer will indicate that much has been done to help this group of elderly people, and suitable provision is being made as quickly as possible subject to the limitations of suitable buildings, money and manpower.

Despite the fact that so much is done to-day by the State and local authorities, the need for voluntary services is still very great. I am glad to express my thanks to the voluntary organisations who have helped the department not only in some of the statutory work but also in other ways which are beyond the scope of a Local Health Authority. I would particularly like to refer to the help given by the St. John Ambulance Brigade and the British Red Cross Society the N.S.P.C.C. (whose inspectors so often secure an improvement in the unfortunate conditions of families where formal or official action is impossible), the Women's Voluntary Services (who under the direction of Mrs. Moore Ede, the County Organiser, do such excellent work in connection with the Home Help Service), the Diocesan Association for Moral Welfare Work, the County and District Nursing Associations, the Voluntary Workers at Child Welfare Centres and the Tuberculosis After-care Committees.

I am indebted to my Chairman, Mr. H. Parkes, and to the Chairmen of the Sub-Committees—Mr. K. D. Briggs (Maternity and Child Welfare), Mr. J. G. Parker (Welfare), Mr. J. W. Bright (Mental Health) and Mr. S. E. Everton and Mr. H. J. Paramore, who succeeded him as Chairman in May 1952 (Ambulance Prevention and After-Care)—for their unfailing advice, guidance, and encouragement in all aspects of the work of the Department.

I should like to express my appreciation of the members of the staff, professional, technical and clerical, for their devotion to the work of the Health Department and for their assistance to me throughout the year.

Your obedient servant,

J. W. PICKUP, M.D., D.P.H.,

County Medical Officer.

Health Department,
County Buildings,
Worcester.

August 1953

CHAIRMEN AND VICE-CHAIRMEN (as at 31st December 1952)

Chairman of the County Council

Sir Chad Woodward, J.P., D.L.

Vice-Chairman of the County Council

Sir Hugh Chance, M.A., F.I.I.A.

Chairman of the Health Committee

Mr. H. Parkes, J.P.

Vice-Chairman of Health Committee

Mr. S. T. Melsom, J.P.

Chairman of Ambulance, Prevention and After-Care Sub-Committee

Mr. H. J. Paramore.

Chairman of Finance and General Purposes Sub-Committee

Mr. G. W. Kenrick.

Chairman of Maternity and Child Welfare Sub-Committee

Mr. K. D. Briggs, J.P.

Chairman of Mental Health Sub-Committee

Mr. J. W. Bright, J.P.

Chairman of Public Health Sub-Committee

Mr. H. Parkes, J.P.

Chairman of Welfare Sub-Committee

Mr. J. G. Parker

STAFF (as at 31st December 1952).

The following are the Chief Administrative Officers :—

County Medical Officer of Health and School Medical Officer
J. W. Pickup, M.D., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer
T. McLaren Galloway, M.B., Ch.B., M.R.C.P., D.P.H.

Senior Administrative Medical Officer, Maternity and Child Welfare
Beatrice Mary Thompson, M.D., B.S., M.R.C.S., L.R.C.P.,
D.P.H.

Divisional Area Medical Officers

Kidderminster

C. Starkie, M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.

Oldbury

H. Tabbush, M.B., B.Ch., D.P.H.

Chief Tuberculosis Officer

R. B. Mayfield, M.D., D.P.H.

Chief Dental Officer

B. D. Britten, L.D.S.

County Welfare Officer

R. A. McDonald.

County Sanitary Officer

R. W. T. Owen, M.R.S.I., M.Inst.S.P.

Chief Clerk

G. P. Cooper.

County Ambulance Officer

G. L. Pitt.

Mental Health Administrative Officer

W. Phillips.

Superintendent Health Visitor

Miss E. Robinson, S.R.N., S.C.M., H.V.Cert.

Superintendent of District Nurses

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Non-Medical Supervisor of Midwives

Mrs. E. M. Davis, S.R.N., S.C.M.

STAFF CHANGES, 1952.

Medical Officers

Dr. E. V. Connolly, Divisional Medical Officer of Health for Oldbury, resigned on the 30th April and Dr. H. Tabbush was appointed on the 1st July, to fill the vacancy.

Dr. F. S. Melville, Assistant County Medical Officer resigned on 29th February, Dr. D. A. Smyth being appointed on the 28th April to fill the vacancy.

*Health Visitors.**Resignations.*

Miss E. Nock, Retired 2.3.52.

Miss M. Sheppard, Retired 6.7.52.

Miss B. J. Hudson 9.3.52.

Mrs. B. R. Foster 25.11.52.

Mrs. H. L. Bryan 31.12.52.

Appointments.

Miss M. H. Allen 22.9.52.

Miss W. A. Tilt 17.11.52.

Speech Therapists.

Miss J. M. Allen resigned on 17.2.52 and Miss R. M. Bourke was appointed on 1.9.52, to fill the vacancy.

Psychiatric Social Worker.

Mr. R. C. Wright was appointed on 1.10.1952.

Occupational Therapist.

Miss A. H. Lay was appointed on 8.10.52.

STATISTICS

Area in acres	—	—	—	—	—	—	438,221
				MALES	FEMALES	TOTAL	
Population, Census 1931	—			147,816	160,971	308,787	
„ „ 1951	—			195,431	205,307	400,738	
Registrar-General's estimate of resident population, mid 1952	—	—	—	—	—	—	404,600
Rateable value (1st April 1953)	—	—	—	—	—	—	£2,119,911
Sum represented by a penny rate, 1953-54	—	—	—	—	—	—	£8,255
				MALES	FEMALES	TOTAL	
Live Births—Legitimate	—			3,145	2,961	6,106	
—Illegitimate	—			130	111	241	
Birth-rate per 1,000 of estimated resident population	—						15.7
				MALES	FEMALES	TOTAL	
Still-births	—	—	—	65	81	146	
Rate per 1,000 total (live and still) births	—	—	—	—	—	—	22.5
Deaths	—	—	—	2,257	1,974	4,231	
Death-rate per 1,000 of estimated resident population	—						10.5
Deaths from Pregnancy and Childbirth	—	—	—	—	—	—	2
Rate per 1,000 live births	—	—	—	—	—	—	0.32
Rate per 1,000 total (live and still) births	—	—	—	—	—	—	0.31
Infant Mortality (Infants under one year of age)	—						154
All Infants per 1,000 live births	—	—	—	—	—	—	24
Legitimate Infants per 1,000 legitimate live births	—						23
Illegitimate Infants per 1,000 illegitimate live births	—						54
Deaths from Measles (all ages)	—	—	—	—	—	—	Nil
Deaths from Whooping Cough (all ages)	—	—	—	—	—	—	Nil
Deaths from Gastritis, Enteritis and Diarrhoea (under 1 year of age)	—	—	—	—	—	—	3
Deaths from Cancer (all ages)	—	—	—	—	—	—	722

TABLE I.

URBAN DISTRICTS	Area in Acres	POPULATION		Birth Rate per 1,000 esti- mated popu- lation	Total No. of Live Births	Illegitimate Births	Total No. of Stillbirths	Illegitimate Stillbirths	Death Rate per 1,000 esti- mated popu- lation	(a) No. of Deaths Registered	Infant Mortality i.e., infants under 1 year per 1,000 Births registered	Deaths Under 1 year		Deaths under 4 weeks		Causes of Death during Year 1952 (b)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																			
		Cen- sus 1951	Esti- mated for Birth and Death Rates, 1952									Total	Illegitimate	Rate per 1000 births	Total	Illegitimate	Respiratory Tuberculosis	Other Tuberculosis	Syphilitic Disease	Diphtheria	Whooping Cough	Meningococcal Infections	Acute Poliomyelitis	Measles	Other Infective and Parasitic Diseases	Cancer, Malignant Disease	Leukaemia and Aleukaemia	Diabetes	Vascular Lesions of Nervous System	Heart Disease	Other Circulatory Disease	Influenza	Pneumonia	Bronchitis	Other Diseases of Respiratory System	Ulcer of Stomach and Duodenum	Gastritis, Enteritis and Diarrhoea	Nephritis and Nephrosis	Hyperplasia of Prostate	Pregnancy, Child- birth and Abortion	Congenital Malformations	Other Defined and Ill-Defined Diseases	Motor Vehicle Accidents	All Other Accidents	Suicide	Homicide and Operations of War																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																					
Bewdley Borough	3681	4914	4833	14.9	72	3	2	—	12.2	59	28	2	—	14	1	—	—	—	—	—	—	—	—	—	—	—	—	—	11	2	—	8	19	2	1	—	6	—	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

(a) Arrived by excluding deaths of non-residents and including deaths of persons properly belonging to the District, but who died outside these districts.
(b) These figures are supplied by the Registrar General.

ENGLAND AND WALES:			
Birth Rate	..	..	15.3 per 1,000
Death Rate	..	..	11.3 " "
Infant Mortality Rate ..	..	..	27.6 " "

TABLE 2.

8

District	Meningo-coccal Infection		Scarlet Fever		Diphtheria and Membranous Croup		Paratyphoid Fever		Puerperal Puerxia		Pulmonary Tuberculosis		Non-Pulmonary Tuberculosis		Ophthalmia Neonatorum		Acute Poliomyelitis		Pneumonia		Acute Encephalitis		Measles		Whooping Cough		Dysentery		Food Poisoning		Erysipelas	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
<i>Urban</i>																																
Bewdley Borough ..	—	—	11	—	—	—	—	—	—	—	3	—	—	—	—	—	—	—	8	—	—	—	40	—	12	—	—	—	—	—	—	—
Bromsgrove ..	1	—	28	—	—	—	1	—	2	—	20	4	3	1	1	—	—	—	5	11	—	—	48	—	28	—	2	—	2	—	2	—
Droitwich Borough ..	—	1	—	—	—	—	—	—	—	—	4	—	1	—	—	—	—	—	3	5	—	—	7	—	37	—	—	—	—	—	—	—
Evesham Borough ..	—	—	2	—	—	—	—	—	1	—	10	2	2	—	—	—	—	—	5	5	—	—	5	—	24	—	1	—	1	—	2	—
Halesowen Borough ..	—	—	73	—	1	—	—	—	—	1	28	9	3	1	—	—	1	—	18	15	—	—	188	—	175	—	—	—	—	—	—	—
Kidderminster Boro.	—	—	23	—	—	—	1	—	10	—	23	7	2	1	1	—	—	—	22	21	—	—	509	—	41	—	3	—	13	—	3	—
Malvern ..	—	—	25	—	1	—	1	—	1	—	14	9	8	2	—	—	16	2	21	7	—	—	38	—	83	—	3	—	—	—	4	—
Oldbury Borough ..	2	—	100	—	1	—	—	—	3	—	54	13	12	1	—	—	4	—	35	24	—	—	476	—	182	—	—	—	7	—	8	—
Redditch ..	—	1	18	—	19	1	—	—	2	—	19	4	4	—	1	—	—	—	8	13	—	—	566	—	137	—	—	—	5	—	—	—
Stourbridge Borough	4	—	73	—	—	—	1	—	29	—	18	15	1	1	—	—	1	—	26	10	—	—	183	—	124	—	2	—	1	—	5	—
Stourport-on-Severn	1	—	11	—	—	—	2	—	12	—	7	5	2	2	—	—	—	—	11	6	—	—	116	—	11	—	3	—	—	—	1	—
Totals ..	8	2	364	—	22	1	6	—	60	1	200	68	38	9	3	—	22	2	162	117	—	—	2176	—	854	—	14	—	29	—	27	—
<i>Rural</i>																																
Bromsgrove	—	—	27	—	—	—	—	—	1	—	22	3	4	1	2	—	—	—	13	12	—	—	114	—	58	—	—	—	5	—	2	—
Droitwich ..	—	—	8	—	—	—	—	—	2	1	6	2	—	—	—	—	—	—	8	8	—	—	97	—	30	—	—	—	—	—	1	—
Evesham ..	—	—	6	—	—	—	—	—	1	—	7	1	—	—	—	—	—	—	3	1	—	—	9	—	28	—	—	—	1	—	1	—
Kidderminster ..	2	1	10	—	—	—	—	—	—	—	5	—	—	1	—	—	2	—	21	3	—	—	87	—	17	—	—	—	—	—	2	—
Martley ..	—	—	8	—	—	—	—	—	1	—	10	—	1	—	—	—	2	—	14	7	—	—	93	—	54	—	—	—	1	—	6	—
Pershore ..	—	—	4	—	—	—	—	—	1	—	10	3	—	—	—	—	—	—	—	8	—	—	114	—	27	—	—	—	—	—	1	—
Tenbury ..	—	—	4	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	1	—	5	—	—	—	—	—	—	—
Upton-on-Severn ..	1	—	10	—	—	—	—	—	—	—	12	—	3	—	—	—	2	—	3	5	—	—	111	—	32	—	1	—	—	—	—	—
Totals ..	3	1	77	—	—	—	1	—	6	1	72	9	8	2	2	—	7	—	62	46	—	—	626	—	251	—	1	—	7	—	13	—
Grand Totals ..	11	3	441	—	22	1	7	—	66	2	272	77	46	11	5	—	29	2	224	163	—	—	2802	—	1105	—	15	—	36	—	40	—

(a) The deaths refer to all cases of pneumonia, not only those which are notifiable.

(b) The deaths are those ascribed to Pregnancy or Childbirth.

These figures exclude Non-Civilians.

MATERNITY AND CHILD WELFARE

County Statistics

Year	LIVE BIRTHS		Birth Rate	STILL BIRTHS		Still Birth	Infant	Maternal
	Legitimate	Illegitimate	Live Births per thousand	Legitimate	Illegitimate	Rate per Thousand Total Births	Mortality Rate	Mortality City Rate
1942	6,203	279	17.4	223	14	32	40	2.5
1943	6,419	351	18.3	209	6	31	39	2.3
1944	6,992	423	20.2	164	9	25	41	1.7
1945	5,990	576	18.2	161	16	26	43	1.19
1946	6,506	460	18.9	166	12	25	36	0.86
1947	7,059	353	19.7	187	9	26	36	1.08
1948	6,897	335	17.8	152	13	23	30	0.99
1949	6,353	341	17.1	143	9	22	30	2.04
1950	5,972	295	15.6	125	6	20	29	1.25
1951	5,970	263	15.4	165	8	27	29	0.78
1952	6,106	241	15.7	141	5	23	24	0.30

Birth Rate : There has again been an increase in the birth rate and the County rate of 15.7 per 1000 is higher than the national rate of 15.3. This shows a continuing fall from the higher level of 20.5 reached in 1947. The increase has occurred in the legitimate births while the number of illegitimate births still shows a decrease. Illegitimate live births now equal 3.8 per cent of the total live births (1951, 4.2 per cent), while in 1945, the peak year in Worcestershire, they were 8.8 per cent.

Premature live births : There has been a very big increase in the number in this group ; in 1952, of the 6,347 births, 416 were premature (6.5 per cent. compared with 5.4 per cent in 1951). It is interesting to note that the number of those born at home only increased by 24 while the number born in hospital has risen by 53.

It is probable that more abnormal cases are being admitted to hospital for confinement, and possible that more patients are induced, before term, for obstetric or medical complications, but it is difficult to assess the significance of this increase without more details of the reasons for premature labour. It is perhaps relevant that this year there is a large fall in the number of still births—so that it is apparent more babies are surviving the hazards of birth.

Still births show a reduction to 146, with a rate of 23 per 1000 births, the corresponding national rate being 22.6 per 1,000 total births. The Worcestershire rate has shown no great change in the past ten years, although it has fluctuated considerably. The proportion of illegitimate still births is relatively low (3.4 per cent).

TOTAL BIRTHS LIVE AND STILL	1941	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
	5913	6719	6985	7605	6743	7144	7608	7062	6846	6398	6406	6493
500 -												
450 -												
400 -	I.D.	I.D.	I.D.	I.D.								
350 -					I.D.		I.D.					
300 -	324	258	264	301		I.D.	270					
250 -					285	250		I.D.			I.D.	
200 -								206			181	I.D.
150 -								200			182	54
100 -	S.B.	S.B.	S.B.	S.B.	S.B.	S.B.	S.B.	S.B.			S.B.	S.B.
50 -	173	237	215	190	177	173	196	165	152	131	173	146

Infant Mortality Rate: The drop in the rate to 24 per 1,000 live births is very satisfactory and brings it to the lowest level reached in the County. It compares favourably with the national rate of 27.6, but we cannot accept even this with complacency, when the rate in Sweden has not risen above 21 in the past three years. Everything possible will be done to maintain the downward trend in the rate and to save many lives which to-day are unfortunately wasted.

The infant mortality rate is always accepted as an indication of the prosperity and adequacy of provision of social services, but as these services become generally available the rate will be a measure of their utilisation by an informed public. The most important social fact—and indication of room for improvement—is the difference, commented on later, between survival in illegitimate and legitimate infants.

The neo-natal death rate gives information on deaths in the first four weeks of life per 1,000 live births; two-thirds of the deaths of babies in their first year occur in this period, the rate for England and Wales being 18.9. In 1943 half the deaths occurred in the first four weeks, so it is apparent that it is in this group that improvement is less noticeable. The incidence of congenital malformation—the cause of about one-third of the deaths—is difficult to reduce until more is known about the causation, but reduction in the numbers

dying from birth injuries or prematurity can be expected from a higher standard of ante-natal care and midwifery. Infections in the neo-natal period are less important than in the older child and the availability of newer drugs has been one of the chief reasons for the reduced number of these. It has not yet been possible to carry out a complete County survey of infant deaths but figures relating to premature infants provide interesting comparisons. The difference in domiciliary and hospital premature birth rates has already been mentioned, but it is noteworthy that in spite of the additional 53 hospital births there has been an improved survival rate (86.7 per cent in 1951).

	<i>Home</i>		<i>Hospital</i>	
	1948	1952	1948	1952
Births (admitted to hospital —in parenthesis)	.. 175 (12)	166 (*16)	219	250
Died within 24 hours	.. 11	*6	14	9
Died within 1 month	.. 11	*7	15	14
Survived 1 month ..	.. 165	*137 (87.1 per cent)	190	227 (90.8 per cent)

* Details of fate of 16 babies admitted to hospital are not available and are excluded from rates.

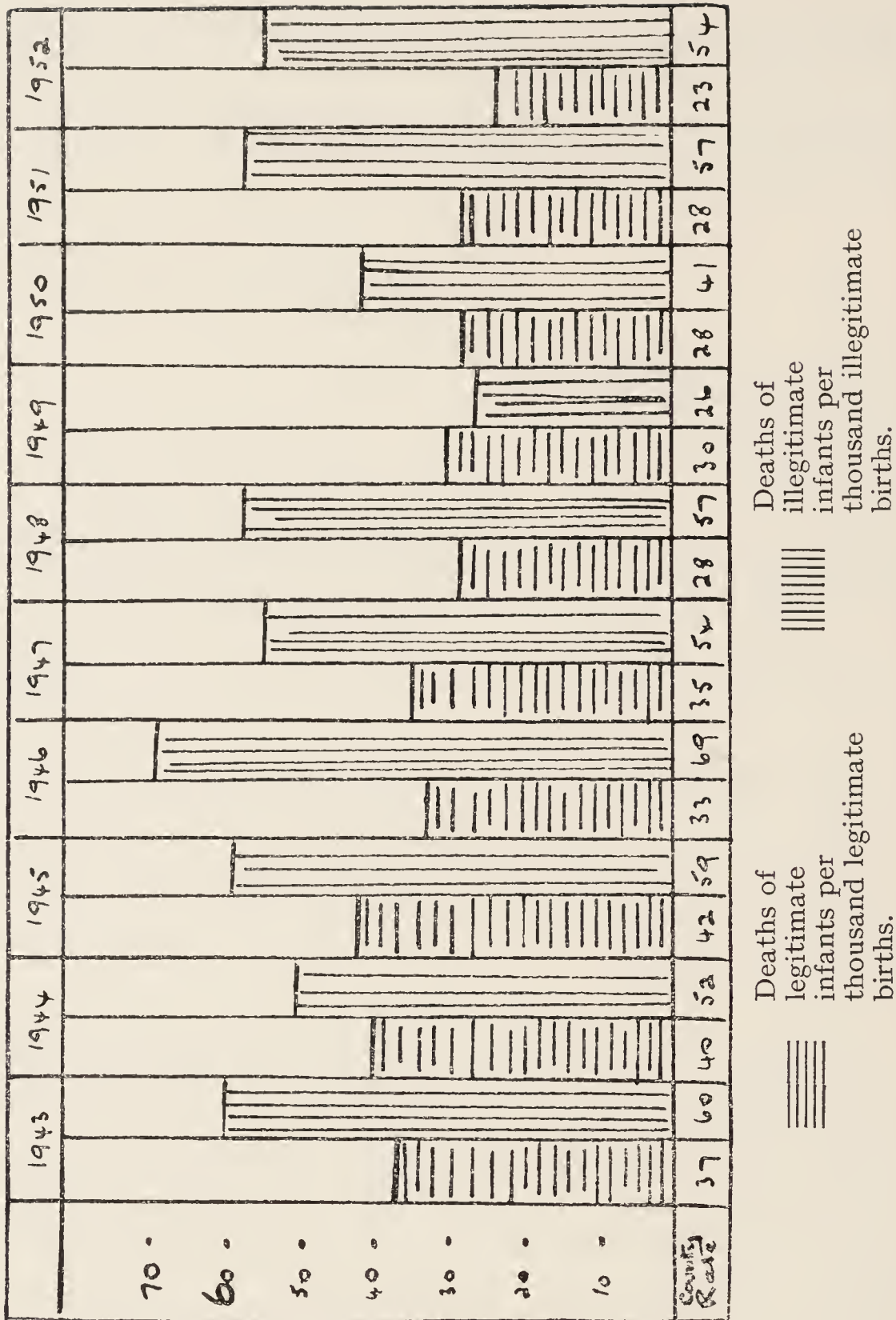
Maternal Mortality Rate : This again shows a reduction and the County rate is lower than ever before at 0.30 per 1,000 total births—although owing to the small number of cases involved this rate may fluctuate markedly without great significance. The most important point to emphasise is the notable decrease in this rate throughout the past 10 years.

It is frequently mentioned nowadays that annual reports do not attract sufficient public interest because of the long lists of figures, which, while essential as the dry skeleton of the report, tend to prevent those bones ever becoming clothed with the flesh of reality, and relating them to the area they represent. Figures are the chief guide of the administrator on the success of many of the services because they express achievement in improving survival rates and keeping the population more healthy, and by their study other improvements can be envisaged. The figures included here are also given more simply in a visual form to show the simple facts of life and death among babies in the County.

INFANT MORTALITY RATES

(Deaths of children under a year per thousand births)

Comparable death rates of legitimate and illegitimate per thousand legitimate and illegitimate births.

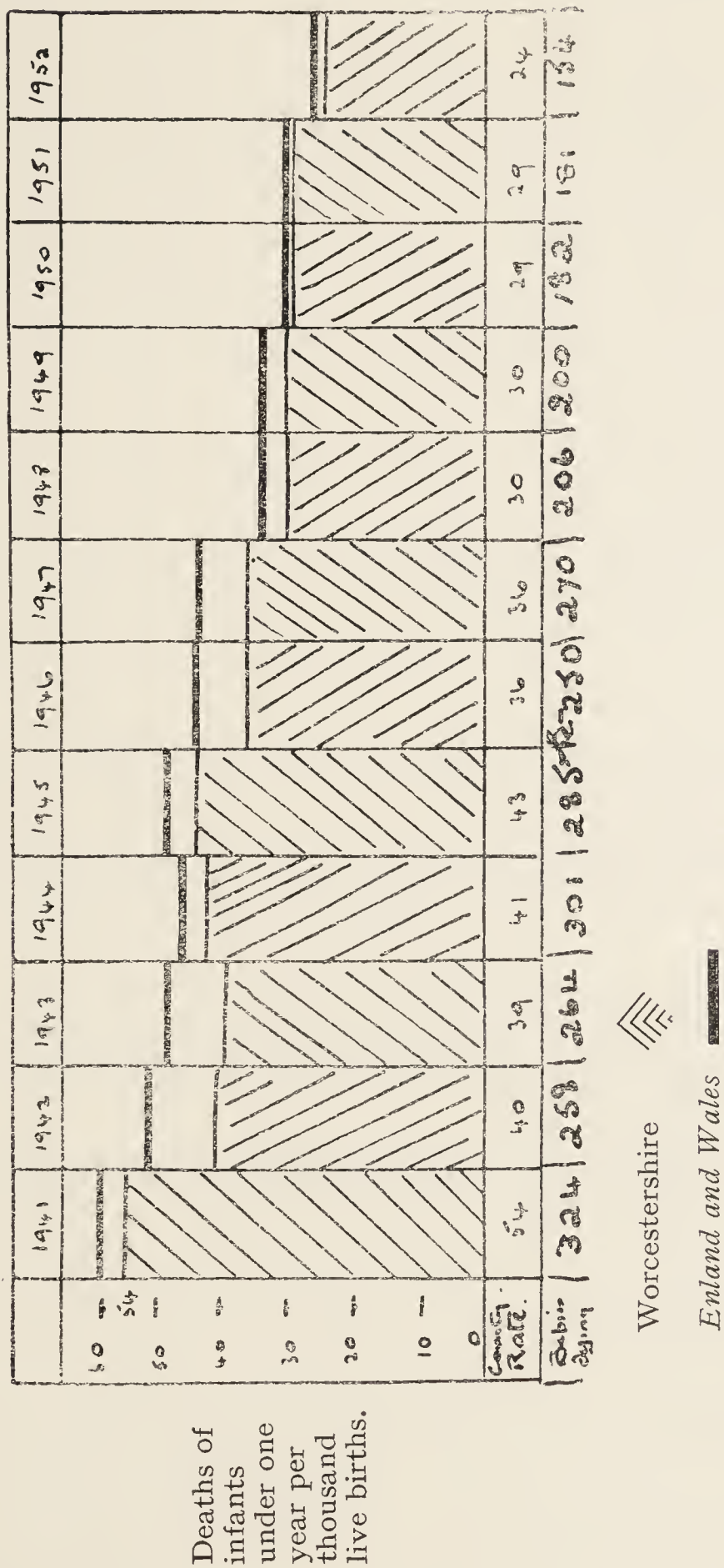


Wasted conceptions : In Worcestershire women who were known to have proceeded to at least the 6th or 7th month of pregnancy, have been found, when their cases were reviewed as a routine a year after the expected confinement, to have no living baby. The extent of the loss of potential babies through miscarriage in the early months of pregnancy is unknown, but one authority has estimated it to be about five times as frequent as stillbirths.

Wastage of lives in Worcestershire by death before birth (stillbirth)
and in the first year of life

1941—1952.

Infant Mortality Rates, Worcestershire
and England and Wales.



It is apparent from this chart that a low number of still-births may be associated with a relatively high infant mortality because of the number of babies surviving for only a short time. This is particularly well shown in the years 1941—1944 when the total wastage remained fairly constant, in spite of fluctuating still-birth and infant death rates.

During the year it has become apparent that one of the most serious problems facing the maternity and child welfare service is the diminishing number of adequately trained personnel, and it is obvious that until the difficulty has been overcome, the service cannot be brought up to the expected standard. This shortage of staff is not a local matter, but is experienced in the health service as a whole, so that at present all branches are competing for the available staff.

In the public health field, it is evident that there are fewer nurses available for positions or for training as Queen's nurses or health visitors. Those who enter the public health service have a wide choice of posts open to them and, other things being equal gravitate to areas where good accommodation and transport are available. Nurses in the past entered this service as district nurses and midwives because it promised a fairly full and satisfying life, hard, maybe, but rewarding. Now they come to nurse people in their own homes, possibly because they dislike institutional life or hospital nursing, or perhaps because they want a home of their own and an opportunity to work to their own standards in a more personal service. The pioneering spirit is disappearing; realists expect their prospective employers to apply the facts known to them and provide conditions necessary for health at home and at work, such as good housing and facilities for transport, so that nurses can work to the best advantage by arriving dry and untired in the houses of their patients and may return to the comfort of an adequately equipped home after duty. Cycling and walking to cases, burdened with equipment, do not conduce to good work.

With the continued shortage it has become more vital to make the best use of existing staff and this is best achieved by the use of cars, so that each nurse can serve a large area with greater ease.

Again, in the health visiting field, the number of applicants for training is much smaller than in previous years and applications for posts in urban areas are also reduced in numbers with a consequent strain on existing staff.

The district team consists of the general practitioners, assistant county medical officers, health visitors, midwives and district nurses, and as there are always too few workers in each sphere, overlapping must be avoided, and all the members of the team must speak with a comparable voice so that the patient does not feel surrounded by conflicting authorities.

Unanimity must be apparent in the teaching of the district midwives and health visitors and in that of the general practitioners and the clinic medical officers. With close, friendly, co-operation no strict definition of spheres is necessary, but it is helpful for workers in different fields to meet and decide mutually convenient limits of responsibility in routine cases.

Health visitors, especially, must try to find time for planning since it concerns their immediate future and that of their profession, in which recruits before they enter, must see some prospects of satisfactory work. In public health, as in other kinds of work, it is vital to review progress and to recognise which tasks are satisfactorily carried to a stage where they can be handed on to others, thus giving freedom to seek the solution to new problems, and to plan for the future.

Brief reference has been made in the detailed report on the work of each part of the section, to changes which have taken place in the first four and a half years of the National Health Service. It is hoped this summary will be helpful in guiding future activities by showing where the need for progress is greatest.

Staff changes during the year.

After Miss Robinson took up her appointment as Superintendent Health Visitor, she worked hard with Miss Kean, the Deputy Superintendent Health Visitor, visiting staff and clinics and establishing an up-to-date system of office routine, a change necessitated by the increasing responsibilities of her section. Unfortunately she was seriously ill in May, and did not return to work until September, when she was permitted to carry out light duties. The help given by Miss Kean during Miss Robinson's absence proved invaluable.

Miss J. C. Butler, after twenty-seven years work with the County Council, first as a health visitor, then as senior health visitor, resigned her post. In the later years of her service she was particularly concerned with the district nurse midwives who were carrying out health visiting duties in the rural areas ; it is appropriate that she is continuing to serve in a part-time capacity as a tuberculosis health visitor in one of these rural areas.

Two health visitors, Miss Nock and Miss Sheppard, left Redditch for a well-earned retirement, after twenty-eight and thirty-two years of service respectively, Mrs. Bryan left Bromsgrove after ten years service, while Miss Corbett left Eckington after twenty-seven years as a district nurse midwife.

The County Council has been fortunate in the number of staff due to retire who have asked for their service to be extended. This retention of experienced staff, if less arduous employment can be found for them, is very desirable. The assistance given by retired staff (notably Miss Nock and Miss Mason) in returning for part-time duty in periods of acute staff shortage has been very much appreciated.

In the district nursing section there have been fifteen resignations and thirteen appointments. Seven midwives resigned (and were replaced) ; five health visitors left and seven were appointed. Twenty-three resignations were received from day nursery staff and twenty-eight appointments were made.

Isobel Morcom Medal and Prize.

This medal and prize is awarded each year to a nurse who has given outstanding service to the county, either as a district nurse or midwife. The award for 1952 was made to Miss M. O. A. Collington, S.R.N., S.C.M., H.V., who has given devoted and excellent service in the county for fifteen years.

Section 22. National Health Service Act.

As noted in last year's report, attendances for ante-natal care at ante-natal clinics have decreased considerably, while the number of post-natal examinations has again been very small. The work undertaken has altered very much and as a comparison with 1948, when no blood testing or relaxation classes were in operation, the development during five years is detailed below :—

	Rhesus Testing	Wasser- mann reaction Testing	Mother- craft Training	Relaxation Classes	Ante-natal and post-natal Clinics <i>open</i>
1948	—	—	—	—	22
1949	No figures recorded.	959	—	3 centres established	18
1950	946	898	—	4 „ „	17+3 combined with child welfare clinic
1951	950	898	—	5 „ „	17+1 „
1952	837	795	1 class	6 „ „	17+1 „

Initially, blood tests were mainly undertaken at County Council clinics but there has been an expansion of hospital out-patient facilities for the taking of specimens and an increase in the number taken by general practitioners.

Ante-natal and post-natal Clinics.

					Held	Average Attendance	New cases during year
Bewdley	..	..	..	..	Monthly	7	20
Bromsgrove	..	..	..	..	Twice weekly	12	51
Blackheath	..	..	..	..	Weekly	8	53
Cradley	..	..	..	..	Weekly	4	28
Droitwich	..	..	..	..	Fortnightly	9	42
Halesowen	..	..	..	..	Weekly	4	51
Kidderminster	..	..	..	..	Weekly	17	216
Lye	..	..	..	..	Weekly	5	32
Malvern	..	..	..	..	Fortnightly	3	13
Oldbury—Langley	..	..	..	..	Weekly	12	107
Warley	..	..	..	..	Weekly	8	46
Wesley Street	..	..	..	..	Weekly	9	86
Redditch	..	..	..	..	Weekly	4	24
Rubery	..	..	..	..	Fortnightly	3	11
Stourbridge	..	..	..	..	Weekly	12	31
Worcester	..	..	..	..	Weekly	4	10
Wythall	..	..	..	..	Fortnightly	3	11

Attendance of ante-natal patients at child welfare centres—137

One group of midwives is now using Bromsgrove clinic as an ante-natal centre for their patients and seven midwives in rural areas assist their local general practitioners at joint ante-natal clinics. The midwives in Kidderminster, Redditch and Evesham hold local clinics, which are well-attended by their booked cases.

Details of blood test results.

Pathological Examinations.

Routine collection of samples of blood is carried out at ante-natal clinics. The investigations are undertaken by the Department of Pathology, Worcester Royal Infirmary, and by the Regional Blood Transfusion Department, Birmingham.

The following are details of tests taken at county ante-natal clinics during the year :—

I Rhesus Tests—

1.	Total number of tests	..	..	..	837
2.	Number of Rhesus negative results	..	..	..	169
3.	Number in (2) above in which complications occurred in infant	..	..	..	3

II Wassermann Tests—

1.	Total number of tests	..	..	..	795
2.	Number of positive reactions	..	..	..	3

The number of rhesus negative results—approximately a fifth of the whole—serves to emphasise the frequent occurrence of this grouping among expectant mothers (inflated by the fact that mothers with rhesus positive blood are not retested with each pregnancy, while those who are rhesus negative all require testing early in pregnancy and about the 34th week, except before their first confinement.)

Ante-Natal Exercises.

Classes continued to be held in Bromsgrove, Halesowen, Stourbridge, Kidderminster and Droitwich ; a new class has started in Oldbury. These classes, which are much appreciated by the mothers, are supervised by a trained physiotherapist, Mrs. Perry Keene. General practitioners have been informed that they may send their patients to these clinics.

Mothercraft training.

The foundations of happy family life are best laid with a young couple expecting their first baby and this is the most fruitful field for co-operation between health visitor and midwife. In Kidderminster this training started on an experimental basis in November. Instruction in parentcraft is given each week by a midwife or health visitor and the series of six talks includes advice on the diet and activities during pregnancy, the preparation of layettes and the care of the baby. It is hoped that if fathers are sufficiently interested, a class may be held for them.

At a meeting held late in the year when assistant county medical officers and consultants discussed interchange of records between clinics and maternity units, it was decided that the use of a modified ante-natal co-operation card should be considered and the general practitioners should also be invited to use it for their cases. A representative sub-committee was appointed to consider the details of the suggestion.

Unmarried mothers

During the past five years, there has been a decrease in the total number of illegitimate live births and a reduction in the percentage of illegitimate, as compared with total births. The district workers of the Diocesan Association for Moral Welfare Work are, however, still fully occupied in helping to solve the many problems of unmarried mothers in addition to their usual work in the field of prevention and training. It is likely that more of these cases are appealing for help, thereby providing an opportunity for earlier advice and assistance and more adequate ante-natal care. The need for hostels may eventually diminish owing to a readier acceptance by parents of their daughters' need for help during a very unhappy period of their lives.

The proportion of illegitimate still-births, originally very much higher than that of live births, has shown a very satisfactory decline and the two figures are now equivalent, suggesting there is a better standard of health among the unmarried mothers. The infant mortality of illegitimate babies has, however, actually risen in the past three years and points to the need for greater attention to the mother's ante-natal and post-natal care, and the care of the child.

1948			1949			1950			1951			1952		
	Total	Illeg.	Illeg. % of Total	Total	Illeg.	Illeg. % of Total	Total	Illeg.	Total	Illeg.	Illeg. % of Total	Total	Illeg.	Illeg. % of Total
Live Births —	6897	335	4.6	6694	341	4.8	6267	295	6233	263	4.0	6347	241	3.7
No. of deaths under 1 year —	206	19	8.4	200	9	4.3	182	12	181	15	7.6	154	13	7.8
Still-births —	165	13	7.3	152	9	5.6	131	6	173	8	4.4	146	5	3.3

The Diocesan Moral Welfare Association continued to maintain three homes in the county, namely :—

St. Catherine's, Malvern.
Greenhill Hostel, Kidderminster.
St. Faith's Hostel, Malvern.

Eighteen Worcestershire cases were accommodated in Greenhill Hostel.

During the year fourteen girls and their babies were admitted to hostels outside the county and were partly maintained by the County Council :—

Francis Way, Knowle	—	—	—	—	2
Fellowship of St. Michael, London	—	—	—	—	2
Woodville R.C. Home, Selly Oak, Birmingham	—	—	—	—	2
Mrs. Legge Memorial Home, Wolverhampton	—	—	—	—	1
Astbury House, Smethwick, Staffs.	—	—	—	—	3
Beacon Lodge, East Finchley, London, N.W.2	—	—	—	—	1
Myford House, Horsehay, Nr. Wellington	—	—	—	—	1
St. Hilda's Hostel, Liverpool	—	—	—	—	1
Princess Alice Hostel, Sydenham Hill, London, S.E.	26	—	—	—	1

Maternal Mortality.

The number of maternal deaths (two) in the year is the lowest ever recorded in the county, the rate being less than half that for England and Wales. In each case death was due to an embolus, following severe toxæmia. In one of the cases the mother failed to accept adequate ante-natal care and eclampsia supervened. Both mothers died in hospital.

With such small numbers, marked fluctuations in the rate are not very significant but in the past five years there has been a satisfactory reduction. Gross puerperal infection is a thing of the past and the residual cases are usually due to toxæmia. Haemorrhage, the other main cause of maternal death, has been of minor importance recently among county cases.

	Deaths (sepsis)	Deaths (other)	County rate	National rate
1948	3	4	0.99	1.02
1952	—	2	0.3	0.72

Abortion.

The request to midwives to give details of abortions attended by them has been disappointing. Many women, of course, may not seek any skilled help at this time, while a proportion may be attended by the district nurse or go into hospital. When abortion occurs early in pregnancy, a midwife has rarely been booked.

Still Births.

The abnormally high proportion of still births last year has fortunately not recurred. The rate this year (23) corresponds more nearly to the national average of 22.6.

The national and county still-birth rates showed no great decline until the mid-war years and it is generally assumed that the chief reason for this was improved maternal health, due to an enlightened welfare foods policy. The rate has altered little since that time, and is still a challenge to those concerned with the care of expectant mothers.

On analysis it appears that some of these deaths could have been avoided by adequate ante-natal care and prompt efficient treatment of abnormalities as soon as they were discovered. The importance of retaining enough hospital beds for this latter purpose is emphasised.

A very high proportion of deaths of babies during pregnancy still occurs owing to toxæmia in the mother, and its importance as a killing or disabling influence on mother or child cannot be exaggerated.

Unfortunately, mothers are often dilatory in making arrangements for their confinements and in many cases apply to a midwife for booking, or even for a hospital bed, as late as the seventh or eighth month of pregnancy. They thus deprive themselves and their unborn babies of the extra foods available and have little time to benefit from the health and advisory services provided. The public needs to be taught how to use the health service and all workers in the team are educators to that end.

Worcestershire ..	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951	1952
Total still-births ..	237	215	190	177	178	196	165	152	131	173	146
Worcestershire Rates ..	32	31	25	26	25	26	23	22	20	27	23
England and Wales Rates	33	30	28	28	27	24	23.2	22.7	22.7	23.0	22.6

Child Welfare.

The advising of parents on the routine care of children under five years of age is the responsibility of the health visitor. Most of her work is carried out in the homes on her routine visits, but an important supplementary service is the child welfare centre. In the rural areas, with scattered populations, individual village centres are uneconomical from the point of view of staff and equipment since the maximum attendance is very small, but with the use of the mobile clinic (an ambulance vehicle transporting mothers and children from the periphery to one centre) a satisfactory service can be provided.

Since the 5th July, 1948, the County Council has been responsible for the total expense of equipping and maintaining child welfare clinics in the county. During these four and a half years there has been a gradual expansion of the service and at the end of 1952 there were only nine health visiting areas without clinics in them. Progress in bringing equipment up to standard has been slow owing both to the cost of supplies and delay in delivery.

The use of the mobile clinic has provided a service in 10 rural areas with scattered populations. In three areas without such provision, weighing centres in halls or the nurse's home provide nuclei for further development. In 1948 there were 69 child welfare clinics and eight weighing centres, in operation at which 6,544 children attended during the year. By the end of 1952 there were 84 child welfare clinics including ten mobile centres, and the number of children attending during the year was 11,039, (about a third of the pre-school population). Alterations have in some instances led to the transfer of centres to new premises or an increase in the number of sessions to deal with the needs of new housing estates, or to the combination of one or more weighing centres into one mobile centre. In 1952 the following centres were opened :—

	<i>Opened.</i>
Eckington (previously weighing centre)	February, 1952.
Fernhill Heath do	October, 1952.
Longdon (Mobile)	July, 1952.
Norton (Stourbridge) Transfer	July, 1952.
Wollescote (Stourbridge)	January, 1952.

The clinic at Welland, which had a very small attendance, was converted to a mobile session once a month and is now well attended. A fortnightly weighing centre was opened at the R.A.F. camp at Pinvin on an experimental basis in October, 1952, with close co-operation from the Station Commander; the Station Medical Officer acted as Medical Officer.

The enthusiasm of voluntary committees at all these new centres has been most encouraging.

Organised education, arranged by the health visitors in the centres, is available in some areas and includes demonstrations, discussions and talks, and, until recently, occasional film shows. The latter, provided by the Central Office of Information Film Unit, were an excellent teaching medium, but since the cessation of the service no substitute has yet been found.

The place of and average attendance at centres are given below :—

District	Centre	Held	Average Attendance
Bewdley Borough	Wribbenhall	Fortnightly	25
Bromsgrove Urban	Bromsgrove	Weekly and fortnightly	46
	Catshill	Weekly	28
Bromsgrove Rural	Rubery	Fortnightly	37
	Alvechurch	Fortnightly	18
	Beoley	Monthly	15
	Belbroughton	Fortnightly	15
	Cofton Hackett	Fortnightly	17
	Clent	Fortnightly	17
	Hagley	Fortnightly	27
	Finstall	Fortnightly	24
	West Heath	Weekly	28
	Wythall	Fortnightly	35
Droitwich Borough	Droitwich	Weekly	43
Droitwich Rural	Crowle	Monthly	14
	Cutnall Green	Monthly	24
	Fernhill Heath	Fortnightly	24

(Opened Oct.)

District	Centre	Held	Average Attendance
	Hartlebury	Fortnightly	18
	Ombersley	Fortnightly	9
Evesham Borough	Evesham	Weekly	32
Evesham Rural	Ashton-under-Hill	Monthly	13
	Badsey	Monthly	27
	Beckford	Monthly	14
	Bretforton	Monthly	40
	Broadway	Fortnightly	24
	Honeybourne	Monthly	35
	Kemerton	Monthly	26
	Littleton	Fortnightly	28
Halesowen Borough	Blackheath	Weekly	66
	Cradley	Weekly	51
	Halesowen	Weekly	83
Kidderminster Boro.	Birchen Coppice	Weekly	26
	Broadwaters	Weekly	29
	Coventry Street	Weekly	58
	Franche	Weekly	22
	Foley Park	Weekly	40
Kidderminster Rural	Chaddesley Corbett	Monthly	20
	Cookley	Fortnightly	20
	Rock	Fortnightly	10
	Wolverley	Monthly	33
Malvern Urban	Lansdowne	Weekly	35
	Link	Weekly	36
	Newtown	Weekly	29
	Wyche	Monthly	10
Martley Rural	Broadheath	Fortnightly	12
	Hallow	Fortnightly	19
	Clifton-on-Teme	Monthly	9
	Little Witley	Quarterly	4
	Shrawley	Quarterly	20
	Great Witley	Quarterly	6
Oldbury Borough	Langley	Twice Weekly	74
	Warley	Twice Weekly	62
	Wesley Street	Weekly	54
Pershore Rural	Bredon	Monthly	14
	Eckington	Monthly	32
			(Opened Feb.)
	Fladbury	Fortnightly	17
	Norton	Monthly	18
	Pershore	Fortnightly	43
Redditch Urban	Astwood Bank	Fortnightly	40
	Feckenham	Monthly	20
	Redditch	Twice Weekly	74
Stourbridge	Lye	Weekly	39
	Norton	Weekly	34
			(Opened July)
	Pedmore	Fortnightly	11
	Stourbridge—		
	Infants	Twice weekly	42
	Toddlers		
		Fortnightly	12
	Wollescote	Weekly	27
			(Opened Jan.)
Stourport-on-Severn	Areley Kings	Fortnightly	23
	Stourport	Weekly	31
Tenbury Rural	Tenbury	Fortnightly	17
Upton-on-Severn	Hanley Swan	Monthly	10
Rural	Kempsey	Monthly	38
	Upton-on-Severn	Fortnightly	14
	Welland	Fortnightly	11
			(Mobile from Oct.)

Mobile Clinic

Place	Number of visits						Average Attendance
Alfrick	..	..	..	..	10		11
Bishampton	..	..	..	..	10		26
Childswickham	..	..	..	..	10		14
Hanbury	..	..	..	..	12		18
Knighton-on-Teme	..	..	..	..	10		7
Leigh	..	..	..	..	11		21
Longdon (Opened July, 1952)	..	..	..	..	6		29
Martley	..	..	..	..	11		17
Sedgeberrow	..	..	..	..	12		23
Wilden	..	..	..	..	11		23

Weighing Centres

Weighing centres are held in areas where the numbers are insufficient or premises are not available for the opening of child welfare centres.

Weighing centres were being held by health visitors in the following areas at the end of 1952 :—

Norton Barracks—in Army quarters.

Pebworth—in nurse's house.

Stoke Works—County Council centre.

Virus infections in pregnancy.

The selection of mothers for inclusion in the series of cases ceased in December, 1952, but children born of them will be followed up regularly at child welfare clinics on their first and second birthdays—i.e. until August, 1955.

Dental care for priority classes.

It is most satisfactory to note an improvement in the service, which will be more fully reported by the County Dental Officer. It has been possible in certain areas of the county to open dental clinics in association with ante-natal clinics, providing evening treatment sessions. Emergency treatment for pre-school children continues to be available.

Day Nurseries.

The demand for nursery accommodation, as a social provision, continued. Plans were submitted to the Ministry of Health for a new day nursery at Oldbury to replace the unsatisfactory premises at Moat Road. The new Redditch day nursery was ready for occupation at the end of 1952. The Bromsgrove Chest clinic premises were handed over by the Regional Hospital Board to the County Council and work began on adaptations to provide an annex to Bromsgrove Day Nursery.

On 1st December 1952, the National Health Service Act, 1952, empowering local authorities to charge for accommodation in day nurseries, was implemented, with immediate repercussions from the parents involved. The first result was a great reduction in attendances, and the staff therefore spent much of their time carrying out routine maintenance and spring-cleaning. In many instances, parents did not trouble to discover the proposed cost to them on the assessment scale but withdrew their children. When the mother was able to care for them this move was obviously beneficial, but in many cases 'minding' was resorted to—not always a satisfactory substitute.

Nurseries and Child-Minders Act, 1948.

One nursery registered under this Act closed at the end of April. New premises were opened in September, 1952, as a nursery school for not more than twenty children. There are now two premises registered under the Act.

Neglected Children.

The Health Department continued to be represented by the Senior Medical Officer for Maternity and Child Welfare and the Superintendent Health Visitor on this committee; local Health Visitors attended meetings of the area committee in Stourbridge.

Handicapped Children.

The register of children with defects was maintained and regular following-up was thereby facilitated. Cases where early ascertainment or treatment was necessary, were referred to the school health service or mental health sections, or to the appropriate consultant.

Child Life Protection.

Health visitors continue to undertake the quarterly visits to foster children, until the child is eight years old. Reports to the Children's Officer on children placed for adoption are made by the health visitors.

Consultant Paediatric Service.

Dr. A. G. V. Aldridge's monthly rounds at the Worcester Royal Infirmary for Assistant County Medical Officers have continued and are still very much appreciated. A paediatric out-patient clinic was opened during the year at All Saints' Hospital, Bromsgrove, and the Children's ward there was opened towards the end of the year.

Paediatric consultant clinics are now held in Bromsgrove, Evesham, Kidderminster, Malvern, Redditch, Stourbridge and Worcester. Beds are also available in each hospital management committee area.

There is no paediatric clinic in Oldbury. Children requiring treatment are referred to Birmingham hospitals.

Adoptions. The Diocesan Association for Moral Welfare Work, through its adoption case committee, has been instrumental in the placing of many children in suitable homes. Mrs. Heading Mitchell, Organising Secretary of the Association, has given the following report :—

The Worcester Diocesan Association for Moral Welfare Work, a registered adoption society, undertakes the adoption work for the County Council. All enquiries received by the Health and Children's Departments are referred to the Association. The applicants are then interviewed and a home visit made. Medical reports and references are obtained. The completed application then goes before the Adoption Case Committee, of which the Senior Medical Officer for Maternity and Child Welfare and the Superintendent Health Visitor are members. Every application is most carefully considered, the welfare of the child in each case being reckoned of paramount importance. Each child has a medical report and the background of the mother is studied with a view to placing the child in the most suitable home available. No child is placed near its mother's home. No legitimate child is accepted unless the circumstances are quite exceptional.

The Case Committee believes that it is best for the mother to remain in ignorance of the adopters' name and address. This is now possible under the law governing adoption, because adopters may apply to the Magistrates' Clerk of their local court for a serial number, which is entered on the consent form sent to the mother instead of their name.

Usually the local Moral Welfare Worker has been helping the child's mother both before and after her confinement, and she has gained a knowledge of her background, character and temperament, which is of great assistance to the Case Committee in placing the child for adoption. The Organising Secretary of the Association, who does the actual placing, keeps in touch as far as possible with the adopters and is able to advise them when difficult questions arise, such as, for instance, the explanation which should be given to the child as soon as it reaches school age as to the fact of adoption.

At the present time there is no lack of adopters, and only those who are entirely suitable are accepted by the Case Committee. Some suggested adoptions have to be refused because the choice of home is not left to the Adoption Society. Sometimes well-meaning persons make the preliminary arrangements for the adoption of a child by persons known to them. This is known as "third-party placing" and is illegal unless due notice is given to the Welfare Authority. A registered adoption society may not have anything to do with such an arrangement. Such placings, where the adopters are inevitably known to the mother, are far from satisfactory and this practice of third-party placing is to be deplored. The careful work of a conscientious adoption society is much more likely to produce good results.

Domiciliary Midwifery (Section 23)

In the past few years, midwives have complained of the decline in the number of domiciliary midwifery cases. This is due to a variety of reasons, perhaps the chief being the widespread lack of satisfactory home conditions and also no doubt, the financial saving effected by the mother having her baby in hospital. In consequence of this decrease one full-time midwife has undertaken combined district nursing/midwifery work and two others are undertaking it temporarily. A recent innovation in the county area is the use of midwives instead of health visitors in investigating applications for hospital beds where home conditions are said to be unsuitable.

Analgesia

Out of one hundred nurses undertaking midwifery, ninety-eight are qualified to give gas and air analgesia and machines are available in all cases. If the midwife has no car, special arrangements are made when necessary for the transport of the apparatus to the patient's house. Cylinders are replaced from depots, where regular servicing of apparatus is also carried out. Many doctors now use trilene and midwives in their areas have experience in its administration under medical supervision. In 1948 470 cases had gas and air for their confinements; in 1952, 1767 (over half the domiciliary confinements).

Care of premature infants

The County Council provides premature baby outfits, including cots and clothes, and oxygen can be borrowed for use in the home.

Selected midwives are sent for training in the care of the premature baby. In the case of small babies (under $4\frac{1}{2}$ lbs.), needing hospital care, arrangements are made, at the request of the general practitioner, for admission to a premature baby unit in Birmingham. Routine follow-up visits of all premature births are carried out by health visitors but it is hoped to arrange for prior notification of discharge from hospital to be received to ensure that adequate arrangements are made for the baby's care on its return home.

It is expected that a premature baby unit will be opened in the new maternity unit at Ronkswood Hospital, Worcester, which will be much more convenient for a large part of the county.

Supply of Maternity Outfits

Maternity outfits are supplied for all domiciliary confinements. These outfits can be obtained either from county clinics or the midwife concerned. In 1952, 3,080 were issued.

Ante-Natal Care by Midwives

It is important to encourage mothers to make arrangements early for ante-natal care, both by a midwife and a doctor. The accepted routine for a midwife is one of monthly examinations up to the seventh month, then fortnightly, and eventually weekly from the thirty-sixth week. In the case of any abnormality, examination will of course be as frequent as the patient's condition demands. In occasional cases, where the midwife is only acting as a maternity nurse, she should ensure that the patient has made adequate preparation for home confinement and is attending her doctor for regular examination. In either category she is prepared to advise the mother about preparation for confinement and in the care of herself before, and herself and the baby afterwards. Advice on layettes, cots, prams, diet and the minor troubles of pregnancy is available for every mother, from health visitor or midwife. In all cases booked for home confinement, the midwife is expected to persuade the mother to book a doctor, and to work in close co-operation with him.

Medical Aid

Under the rules of the Central Midwives Board midwives have to seek medical aid for specific conditions. Whereas, before 1948, payment of the doctor called was in most cases the responsibility of the County Council, the National Health Service has made it possible for every woman to book a doctor, whose payment is then the responsibility of the Executive Council. This is a great improvement since the doctor called now has to be the one booked (who has already seen the patient) or another on the obstetric list. The old system of a doctor being called to a case he has never seen before, was unsatisfactory for doctor and patient, and, in fact, showed that the midwife was undertaking too much responsibility in accepting a patient for confinement without medical examination or supervision. Happily, this practice is dying out and payment by the County Council for medical aid should only be necessary in future for attendance on a woman during a miscarriage.

Many midwives still find the distinction between acting as a midwife or maternity nurse difficult to grasp and for this reason do not send a medical aid form even when acting as a midwife. It is to be hoped that the proposed revision of the rules of the Central Midwives Board will clarify the position.

In 1948, medical aid was sought in 995 domiciliary and 189 hospital and nursing home cases (these figures did not include Oldbury). In 1949, for the whole area, the cases were 734 and 172 respectively, while in 1952, the comparable figures were 295 and 1.

In 1952, of the 250 medical aid forms issued by midwives (excluding the Oldbury area), 81 were for cases where no doctor had been booked and only a small number of these were for assistance in cases of miscarriage.

Staff and work undertaken

		<i>No. of cases.</i>	
		1948	1952
Full-time midwives	.. 21	3,742	17
Midwife/District Nurse	.. 33		40
Midwife/Health Visitor/ District Nurse	.. 54		43
Independent midwives	.. 27	117	31

The domiciliary midwifery service at the end of 1952 was staffed by 89 district nurses of whom 6 are employed on midwifery only and 83 on combined duties ; there are also 11 full-time midwives who work in the Boroughs of Oldbury and Stourbridge. The following statistics relate to the county service :—

			1948	1952
Midwifery cases	—	—	1,924	2,057
Maternity cases	—	—	1,011	693
Midwifery nursing visits	—	—	35,338	40,930
Maternity nursing visits	—	—	18,884	13,660
Ante-natal visits	—	—	19,304	17,762
Post-natal visits	—	—	—	799

It is interesting to note that these figures suggest there has been an increase in midwifery cases and decrease in maternity cases demonstrating that the fears of the midwife of losing her practice to the general practitioner-obstetrician were unfounded. The apparent decline in ante-natal visits is hard to explain unless it can be attributed to the opening of midwives ante-natal clinics, thereby reducing the number of home visits for the examination of patients.

Supervision of midwifery

In the period from Feb. 1st, 1952, to Jan. 31st, 1953, 179 midwives notified their intention to practise as midwives, a very great decline since 1948 when the total was 275. Of these 179, 50 were employed in hospitals and 8 in nursing homes.

Before 1948, supervision of midwives was carried out by the Assistant County Medical Officer in each area. Since then all routine supervision has been taken over by Mrs. Davis, the Non-Medical Supervisor of Midwives. Regular visits are paid at least once every six months by this officer to county domiciliary midwives and midwives in private practice, for inspection and discussion of points of difficulty in addition to any visits in the ordinary course of supervisory duties. Additional visits or discussion take place in routine enquiries into cases of puerperal pyrexia, ophthalmia neonatorum, stillbirths and into the use of the flying squad and care of premature babies. Midwives in hospitals are not visited as a routine but the Non-Medical Supervisor is in regular communication with these units to which periodic visits for general discussion are paid by her or the Senior Medical Officer for Maternity and Child Welfare.

The medical supervision of midwives is the responsibility of the County Medical Officer as is visiting of maternity homes and these duties are carried out by the Assistant County Medical Officers, if necessary in co-operation with the Non-Medical Supervisor of Midwives.

Puerperal Pyrexia

The new puerperal pyrexia regulations came into force in August 1951 and by 1952 their influence was becoming apparent. The aim of the amended definition of puerperal pyrexia was to ensure that cases which would otherwise escape notification because of prompt response to the newer drugs, were in fact notified to the Local Authority which could then take the necessary steps to limit the spread of infection. Pyrexia has now to be notified if a temperature of 100.4 or more occurs in a woman once within fourteen days of childbirth or miscarriage. In 1951, of 45 cases of puerperal pyrexia, 20 occurred in domiciliary practice and 25 in hospital, and 1 was admitted to hospital for treatment. In 1952, of 66 cases, 14 were domiciliary and 52 hospital and 1 case was admitted to hospital for treatment. In 1948, of 58 cases, 27 only were hospital cases, but 11 of the 31 domiciliary cases required hospital treatment, indicating that more serious cases were occurring at that time.

It is probable that pyrexia is more easily noticed among patients in hospital under constant supervision, explaining the relative increase. In one hospital maternity unit there was a succession of cases, fortunately without serious effects, and enquiry by the local Medical Officer of Health failed to demonstrate a cause. The effect of the Puerperal Pyrexia Regulations, 1951 has been disappointing in that a large number of notifications is not now considered a matter for alarm, and routine isolation of all cases notified is not practised.

Ophthalmia neonatorum

Very few serious eye infections occur now. The most recent method of treatment of the eyes after birth is bathing with sterile water. The advantages of this are that the mild reactions to some of the eye preparations used previously are avoided and any eye infection occurring can be noted immediately and receive prompt treatment with penicillin or other anti-biotic which is far more effective than the older methods.

1948	14 cases	8 home	6 hospital	No impaired vision.
1952	5 cases	2 home	3 hospital	No impaired vision.

Specialist and Consultant Service

A happy relationship exists between the consultants and the County Health Department, and this has made close co-operation with the maternity units easy to achieve.

Use of the Flying Squad

The consultant obstetricians in the South and Mid-Worcestershire Hospital Management Committee areas continue to provide a limited service, and use is made of squads from areas outside the county—from Hereford, North Gloucestershire and Birmingham. In the year 1948, seven cases were attended by the squads, while in 1952 help was sought in twenty-two cases. This increased demand, the greatest number yet attended, may perhaps be due to a more general awareness of the service and its usefulness, rather than to a reduction in standards of ante-natal care.

Sixteen of the cases were suffering from third stage difficulties associated with haemorrhage (post-partum haemorrhage and retained placenta) and it is likely that the prompt treatment available for these has been the reason for the absence of maternal deaths in the group. Four cases required treatment for obstetric shock and of the remaining two, one had eclampsia and one a malpresentation.

Six cases were dealt with by the Worcester Royal Infirmary, where the pathological laboratory provides an emergency transfusion service as an adjunct to the obstetric service.

Admission to Maternity Hospital

The County Council is at present responsible for hospital bookings throughout the area. At one hospital, bookings on medical grounds are made immediately, but in the rest of the area these are confirmed by the consultants concerned. All applications, with the exception of those from the Oldbury Divisional Area, which are dealt with by the Divisional Medical Officer, are reviewed by the Senior Medical Officer for Maternity and Child Welfare. Patients who have obvious medical grounds for booking are immediately allocated beds. In doubtful cases confirmation is sought from the general practitioner attending the case. In all other cases a social report is obtained and this is used when these applications are considered at the 20th week of pregnancy. Primiparae whose confinement is expected to be normal are booked at that stage if the demand is not too heavy, but in months of heavy bookings some applicants may have to be refused if their obstetric condition and environment are satisfactory. Special consideration is given to patients living in isolated rural districts.

The following table gives the number of patients admitted to Regional Hospital Board maternity homes in the county during 1952 :—

<i>Maternity Homes.</i>					<i>Total Cases.</i>	
Avonside, Evesham	—	—	—	—	—	636
Lucy Baldwin Maternity Hospital, Stourport	—	—	—	—	—	399
Blakebrook Hospital, Kidderminster	—	—	—	—	—	161
The Croft, Kidderminster	—	—	—	—	—	440
All Saints' Maternity Unit, Bromsgrove	—	—	—	—	—	544
Mary Stevens Maternity Home, Stourbridge	—	—	—	—	—	489

In addition, there were the following admissions from the Oldbury Divisional Area :—

Hallam Hospital	—	—	—	—	—	330
Mothers from the north of the County confined in						
Birmingham Hospitals	—	—	—	—	—	77

Approximately 53% of the total births took place in maternity homes or hospitals.

Health Visiting (Section 24)

The National Health Service Act gave unlimited scope for the health visitor at a time when shortage of staff made it impossible for her to handle her existing commitments as she would wish. The extension of her work has been gradual, as appreciation of her usefulness became apparent, but it is now prejudicing her work in the two fields which were her chief concern. The home visiting of young children and expectant and nursing mothers is in many cases being reduced in frequency by other calls on her time, and an increase in staff is an urgent necessity. Unfortunately the supply is unequal to the demand and in many cases health visitors struggle conscientiously to cope with an ever-increasing flood of work in which emergencies have prior claim and routine work falls behind. For instance, in the field of hospital aftercare there is little time to have regular meetings with other health workers in hospitals, and care of the sick is often restricted to visiting the homes once to ensure that the good work done by hospital in-patient treatment is not negated by domestic difficulty or lack of facilities for treatment or rest on return home. Especially undesirable is the decline in the visiting of older children, and child welfare clinics are often the only means of supervising this group, but it is important to safeguard the health visitor from too many clinics to leave her free to visit the homes where there is more work for her. Although there are fewer children these are scattered over a relatively larger number of households, the majority with one or two children. Each mother with her first baby has many problems which with her second are less troubling while with her third she has relatively few anxieties.

It has been noticed that more health visitors apply for training in combined work and it may be that they prefer the satisfaction of a post where they start the relationship with the expectant mother as her midwife. Here there is practical work with prospects of immediate satisfaction to offset the long-term education of a family in the art of healthy living—sometimes against their wishes, when results may not be apparent in the working lifetime of the teacher.

During the year it has been possible to arrange for a health visitor to pay regular visits to one hospital maternity unit to discuss with the staff or mothers any difficulties which might arise on the mothers' return home. In the same way two health visitors call regularly at the two residential nurseries of the Children's Department keeping the matrons informed of the background of the children under their care and maintaining continuity of the records of their progress on the health visiting cards which they hold. It was also possible to arrange two meetings between hospital almoners and the tuberculosis health visitors when mutual problems were discussed. These meetings proved very helpful and it was decided that further meetings should be arranged.

Staff

In 1946 there were fifty-six officers who were carrying out health visiting duties, although they did not possess the health visitor's certificate. This number has been gradually reduced to thirty-nine by the beginning of 1952. Some members of the staff due to retire within a few years obviously do not wish to attend a long course of training at this stage of their professional career ; and in any case there is ordinarily an age limit for entrants to the examinations. In many instances, the standard of work is high in spite of lack of recognised training and these nurses continue to perform health visiting duties until their retirement. Where young nurses are carrying out combined work without this qualification, they are encouraged to obtain their Health Visitor's Certificate. It is difficult to free staff from their posts, particularly now the course lasts nine months, unless adequate numbers of relief staff are available, but whenever possible two or three are sent annually for training. If they are not interested in taking a health visiting course, transfers have been arranged to areas where there are full-time health visitors. The work of the health visiting section in 1952 was carried out by 39 full-time health visitors/school nurses of whom

- 4 were employed full-time on tuberculosis health visiting
- 2 were employed full-time on health visiting only
- 4 were employed as full-time school nurses performing only limited health visiting functions.

In addition, 43 areas were served by combined workers.

Work undertaken

		1948	1952
Estimated mid-year population 0—5	..	34,119	32,600
Visits to expectant mothers—			
first visits	..	1,845	1,512
total visits	..	—	2,088
Visits to children under 1 yr.			
first visits	..	6,531	6,012
total visits	..	40,078	37,236
Visits to children between 1 and 5 yrs.			
first visits	..	—	188
total visits	..	52,133	60,358
Other visits			
first	.. ..	not recorded	2,169
total	.. ..	not recorded	4,106

Transport

Unlike midwives, health visitors are not provided with County Council cars, and therefore have to bear the cost of provision as well as tuition, if they are not qualified drivers. They are at a disadvantage when compared with district nurse/midwives, but have comparable arrangements to those of officers in other sections or departments who do not have such assistance. Interest-free loans for the purchase of cars are made on a monthly repayment basis and mileage rates are according to national scales.

Home Nursing (Section 25)

In 1948, the nurses employed by district nursing associations were absorbed into the County service. The district nursing associations were, however, encouraged to remain in being to supervise their welfare and to advise the County Council on the nursing needs of the areas, and the County Council maintained its affiliation with the Queen's Institute District Nursing Service.

In many cases the responsibilities of the District Nursing Association included the provision of housing or furniture for the nurse, for which services the County Council paid annual grants. District Nursing Associations are grouped into thirteen area organisations, each one of which elects a representative to serve on the County Nursing Association's Executive Committee, a voluntary body. This Committee meets quarterly to discuss matters of policy, and there is an annual meeting of the County Nursing Association when a speaker discusses some aspect of the work which is of general interest. The speaker at the 1952 meeting was Dr. E. T. Lloyd (Medical Superintendent of St. Wulstan's Hospital) and the subject "Tuberculosis Treatment and After-Care."

When any alterations or matters of importance are under discussion the district associations concerned are always consulted. The nurses maintain regular contact with secretaries of their respective associations by monthly meetings and a report on the amount of work undertaken. Many district nursing associations have voluntary funds which are used to provide extra comforts for patients or special amenities for the nurses.

In the past, several nursing associations leased, purchased or even built houses for their nurses—but this is now beyond their means and their funds are more often used to furnish accommodation provided by the County Council or a district council for nurses who have no furniture of their own. The County Council is then able to pay a rent for the use of such furniture with the knowledge that a local interested committee will spare no pains to make the nurses living conditions as cheerful and comfortable as they can, and the touch of individuality is retained.

The permitted annual deductions from the salary of nurses for whom accommodation is provided are £26 for unfurnished and £52 for furnished accommodation. Where the Association owns the property the rent of 10/- per week is often inadequate for upkeep. The County Council is therefore in many cases subsidising such payments and in these cases the nurses accommodation charges are much less than those of their colleagues in private houses.

Continual difficulty has been experienced in finding accommodation for district nurse/midwives in certain areas, and Ministry of Health permission was sought to enable the County Council to purchase from district councils houses let to them for the accommodation of the nurse and to build a fixed number of houses annually. It was felt that the delay occasioned by the submission of details to the Ministries concerned would be reduced by this proposal. Approval was given to the purchase of houses where adaptations had been carried out by the County Council to make them suitable for a nurse and it was stated that district councils providing houses for nurses to satisfy a proved need could build these outside their allocation. It was still necessary in every case to prove an immediate need which could not be met by other means.

It is of course essential to commence building in an area about two years before the expected retirement of a nurse, and this time lag has produced administrative difficulties leading in one case to the accommodation of a nurse in lodgings outside her area, and in others to delay in filling vacancies, with consequent overwork of nurses in adjoining areas. It has only been possible to overcome such crises with the aid of district nursing associations in finding suitable alternative accommodation and of local housing authorities who have been willing to allocate a district council house on a temporary basis until the County Council was able to build. Mention should be made of the help given by many District Nursing Associations and District Councils.

Work was started during the year on a pair of houses at Crabbs Cross. Adaptations to the property in Evesham were completed, providing three self-contained flats and district room accommodation. A house surplus to police requirements at Newnham Bridge was transferred to the Health Committee and used for the housing of an area relief nurse. In view of the County Council's decision that all future housing programmes should provide separate accommodation for each nurse and that sharing should be eliminated, the plans for Warley (Oldbury) were modified to provide two self-contained flats instead of a three bedroomed house. Improvements were carried out in accommodation already owned by the County Council, district nursing associations or district councils. It was decided that the Borough Council house occupied by the nurses in Droitwich, offered for purchase by the Borough Council, was unsuitable because there was too little space for the addition of a district room and the site was not very satisfactory. Transfer of the Redditch nurses home from the ownership of the District Nursing Association to the County Council was under consideration, but a decision of the Ministry of Health was awaited on the legality of this transfer by the trustees.

Designs of two standard houses, a single house with two or three bedrooms and district room facilities, and a pair of semi-detached houses, one two and one three-bedroomed, with similar facilities, were approved for future building projects, and consideration was given (on the suggestion of the County Nursing Association) to the substitution of brick for prefabricated garages.

The work of the district nursing service has materially altered with the increase in injection treatment. In some districts the aged and chronic sick provide a large volume of the work ; in others, many of this group seem to enter old people's homes and hospitals because arrangements for home care are difficult. This is particularly so in areas where labour is scarce and most adults are gainfully employed, or where the sense of obligation towards the elderly is lacking. So far it has been impossible to institute a night nursing service because of the limited demand in a county with a scattered population.

Night "sitters-in" have been arranged in a very few instances but in cases of emergency the district nurse has met the need until other provision could be made, where neighbours or home helps could not give the necessary skilled supervision.

The following is a summary of the general nursing work performed by district nurses :—

		1948	1952	1952 (totals)
Medical cases	.. ..	7,306	4,892	7,286
Surgical ,,	.. ..		2,394	
Medical visits	.. ..	126,613	115,125	151,747
Surgical visits	.. ..		36,622	
Other visits	.. ..	18,921		14,521

In the larger urban areas, full-time district nurses are provided, but in the remainder of the county, district nurse/midwives or district nurse/midwife/health visitors are employed.

At the end of 1952 the staff working in district nursing areas consisted of 103 whole time and 9 part-time nurses as follows :—

No. employed full time on home nursing	.. ..	16
„ „ „ „ midwifery	.. ..	6
„ „ „ „ home nursing and midwifery	.. ..	38
„ „ „ „ home nursing, midwifery and health visiting	.. ..	43
„ „ part-time on home nursing and midwifery	.. ..	3
„ „ „ „ home nursing	.. ..	6
		112

The total number of cars belonging to the County Council and used by district nurses was 55 ; six new cars were supplied during the year.

With the improvement in the supply position nurses have been encouraged to purchase their own cars, and to draw payment on a mileage basis.

The purchase of autocycles or motorised bicycles was finally discontinued. It has been found that they are not satisfactory in use, possibly due to the need for frequent maintenance and complete unsuitability in inclement weather. Few of these vehicles are designed to transport nursing bags and if a load of any weight is carried the balance of the machine may be affected to a dangerous degree.

Hop-pickers nurses

The further expected decrease in the number of pickers, owing to the increasing use of mechanical devices, was not so great as anticipated.

Four nurses were engaged to supplement the County Council staff to provide the necessary care for the pickers accommodated in hop-pickers barracks and camps. The fourth nurse was engaged by the County Council to nurse the pickers on farms which in previous years had been served by the Roman Catholic Mission. The Salvation Army mission undertook responsibility for nursing care on a group of farms. Eight hundred and forty three cases were treated (compared with 425 in 1948)—the nurses in fact being more fully occupied than the previous year.

Among the cases requiring treatment was a diabetic who fell into coma because he was unable to keep to a prescribed diet and a patient who felt a 'holiday' in the hopfields to be a reasonable preparation for a major operation. Families with children do not come to farms where there are machines so the work among this group has somewhat diminished.

Inspection of Nursing Homes (Public Health Act 1936)

Nursing homes (including maternity homes) were inspected twice yearly by Assistant County Medical Officers in company with the Non-Medical Supervisor of Midwives in certain cases. Homes for old or disabled persons, where nursing care is not provided, are not included in this group since they are subject to inspection under the National Assistance Act.

As there was only one nursing home in Oldbury, it was agreed that the delegation of inspection to Oldbury Borough Council should be withdrawn. At the end of the year there were 17 registered homes in the county, 6 of which took maternity cases. One new home was registered in 1952. In spite of changes the number registered has remained substantially the same since 1948 when there were eighteen, but a larger number (nine) then undertook maternity work. There has been a decrease in the demand for this owing to the inevitable rise in costs and the expansion of hospital maternity units where free beds are available.

Health Education

Since last year there have been two changes of importance. The Central Office of Information film unit suffered in the economy cut and the Health Department and the community at large was deprived of a very useful service, which will be costly and difficult to replace.

Miss B. Richardson was appointed as health tutor on 3rd March 1952 and became responsible for the health syllabus of the nursery nurses training course at Bromsgrove Technical School; the rest of her time was devoted to health education in the county. Her duties will include the preparation and circulation of stocks of health education material, and the building up of a panel of speakers inside and outside the members of health department staff so that a health education programme can be instituted. She is able to assist and advise staff in their own programmes and act as a speaker to interested organisations in the area. She has been appointed as the Health Department representative on the local Home Safety Committee.

Training during the year

Students from outside authorities. Birmingham Health Visitors Course and Queen's Nursing Course students visited the county for rural experience. This arrangement is valuable for the trainee, and stimulating for the training health visitor or nurse.

Midwives Part II training. There is no shortage of applicants for entry to Stanmore Nurses Home at Kidderminster, and during the year five students successfully completed their training.

Training of Part II Midwives from All Saints' Hospital. Approval was given to a joint scheme for the training of midwives in the second part of their course in which the County Council and the Mid-Worcestershire Hospital Management Committee would co-operate. Under this scheme, pupil midwives at All Saints' Hospital will spend their second three months with domiciliary midwives for the completion of their training. The scheme is expected to start in 1953 and has the approval of the Central Midwives Board.

Health Visitor Training. This can be taken at Birmingham University, where students during training are paid three-quarters of a health visitor's salary and allowances. Three to four students, when available, are sent each year. Alternatively, students can be accepted by the Queen's Institute of District Nursing either for the nine months course (at Bolton or Brighton) or for a combined thirteen months course including Queen's district training. On this health visitors course, students are paid a grant to cover the cost of training and subsistence and four are accepted annually. In each case students are asked to give a year's service after completion of training, which the acceptance of Queen's training, in addition, increases to two years.

Training of Health Visitors. No student health visitors took the Birmingham course in 1951/2. Only one candidate was accepted for the course beginning in September 1952 and she worked in the County as a school nurse prior to going for training.

Queen's Nurse/Health Visitor students. Bolton or Brighton Training course. Two students were sent by the County Council for this thirteen months course of training in preparation for combined duties in a rural area. Two Queen's Nurses on the County Council staff were given leave of absence to attend the Health Visitors course only. Two students from a previous course took up duty in the County in 1952.

Training of District Nurses. Staff are not usually appointed without district training or experience. If this cannot be avoided, they are encouraged to attend a course of training, usually at one of the Queen's training homes, before commencing duty, and the County Council bears the cost of this training. Candidates are asked to serve for one year on the staff after qualifying. Staff on the districts are also given leave of absence to train under the same scheme.

Training of Queen's Nurses. During the year two members of the staff were sent on this course and an applicant started her training. Two candidates who commenced training in 1951 obtained their certificates and took up duty in the County.

Training of Nursery Staff. One member of the staff of the Oldbury Day Nursery, a nursery assistant, attended a child care reserve course in Birmingham and obtained her senior child care certificate. After a further course she will be qualified to act as a warden with a supplementary child care certificate.

Training continued in the three day nurseries approved for this in the County (Bromsgrove, Redditch, Stourbridge) and an improvement was noted in the quality and quantity of the applicants owing to the interest and co-operation of the Youth Employment Officers.

County refresher course. The annual County refresher course for nursing staff is now becoming an institution and the two days provide a varied programme of lectures of interest to all groups of the staff. The stimulus of discussion between lectures is limited by the amount of time available, but this course makes it possible to keep staff conversant with recent advances in their respective fields since the stipulated five-yearly attendance at refresher courses (at present in abeyance) is difficult to achieve with present staff shortages. At present nurses are given leave of absence to attend other local courses, such as those held in neighbouring local health authority areas or meetings of their professional organisations in addition to the small number who are sent annually on an appropriate course.

The following is the programme of the 1952 course :—

Thursday, 24th April

Morning Session

CHAIRMAN :— MR H. PARKES, J.P.
(Chairman, Health Committee, Worcestershire County Council)

10.10 a.m. " Welfare and Care of the Blind "
H. S. EDKINS, Esq.,
General Superintendent and Secretary,
Birmingham Royal Institution for the Blind.

11.15 a.m. " Chemotherapy in Tuberculosis "
R. B. MAYFIELD, Esq., M.D., D.P.H.,
Consultant Chest Physician, Birmingham
Regional Hospital Board and Chief Tuberculosis Officer, Worcestershire County Council.

Afternoon Session

CHAIRMAN :— MR. R. R. ADAM
(Health Committee, Worcestershire County Council), Former Chairman, Birmingham Regional Hospital Board.

2.0 p.m. “ Still Births ”
J. C. NEWBOLD, Esq., F.R.C.S., M.R.C.O.G.,
Consultant Obstetrician, Dudley and Stour-
bridge Hospital Group

3.30 p.m. “ The use of Penicillin and anti-biotics ”
R. J. HENDERSON, Esq., M.B., Ch.B.,
Director of Pathological Services, Medical
Research Council Laboratory, Worcester
Royal Infirmary.

Friday, 25th April

Morning Session

CHAIRMAN :— MRS. H. PORTER
(Chairman, Children's Committee, Wor-
cestershire County Council)

10.0 a.m. “ Accidents in the Home ”
MRS. M. B. MATTY
(Health Committee, Worcestershire County
Council)

11.15 a.m. “ Treatment of Burns ”
J. P. BULL, Esq., M.D.
Director, M.R.C. Industrial Injuries and
Burns Research Unit, Birmingham Accident
Hospital.

Afternoon Session

CHAIRMAN :— MR. K. D. BRIGGS, J.P.
(Chairman, Maternity and Child Welfare
Sub-Committee, Worcestershire County
Council)

2.0 p.m. “ An Ante-Natal Clinic ”
J. A. CHALMERS, Esq.,
F.R.C.S., M.R.C.O.G.,
Consultant Obstetrician, South Worcester-
shire Hospital Group

3.30 p.m. “ The Ideal House for a District Nurse ”
L. C. LOMAS, Esq., F.R.I.B.A.,
County Architect, Worcestershire County
Council.

Refresher Courses

The Health Tutor attended a course on the Technique of Teaching and three members of the County Council staff attended a mental health course in Birmingham.

Two district nurses attended refresher courses during the year. Six midwives attended post-graduate courses, four being sent as County Council candidates to the Sorrento unit (two of these for special training in the care of the premature baby) and two members of the College of Midwives branches being given leave to attend courses for which the branch paid their expenses. Two health visitors attended the summer school of the Women Public Health Officers Association.

Refresher Course for Nursery Staff

Arrangements were made for as many members of the staff as possible to attend an exhibition at the Birmingham Nursery Training Centre. This visit proved very stimulating and nurses returned to their nurseries with many new ideas about the preparation and making of toys and equipment. The matron of the Oldbury Day Nursery attended a matron's refresher course at the Nursery Training Centre.

Home Help Service (Section 29)

This year has again been a period of gradual expansion of the service to meet an increasing demand, and an important factor was the wage increase granted to home helps in October. This had the effect of increasing the cost of the service from 2/2 to 2/6 an hour to those paying the full charge.

Mrs. Moore Ede, the County Organiser of the Women's Voluntary Services, reports as follows :—

“ 1952 was a year of consolidation and slow steady progress in the Home Help Service. It could be said at the end of the year that knowledge of the Service had at last penetrated to all corners of the County and that the generous assessment and conditions put Home Helps within the reach of all who needed them. During the year there was a marked increase in the number of old people receiving help, but fewer maternity cases owing to more confinements taking place in hospital. This has meant that considerably more part-time and occasional Home Helps were taken on and relatively few additional full-time Home Helps.

We can view with satisfaction the work done by Home Helps in Family Welfare cases. We do not have to report one failure in this field, and in some of the cases the community has been saved untold expense by preventing the breaking up of the family. The time seems ripe now to consider an increase in the number of Home Helps allocated to this work. In the present experimental stage authority has been given for two only in the County with a review of the situation at the end of six months.

During the year there has been a change in the *Basis of Assessment*. Previously the householder paid on a weekly assessment of his capacity to pay, now it is on an hourly basis. The Home Help assistants report that this is working satisfactorily and is more easily understood by the Householder than the previous method.

Training Courses have been held for the Home Helps with the valuable help and co-operation of the National Institute of House-workers and six Home Helps have gained their Diplomas. We should, however, like to see a regular and permanent arrangement for training, preferably in each locality in co-operation with the Education Authority.

In closing this report we should like to express our grateful thanks to the Medical Officer of Health and his Department, particularly to Dr. Thompson, whose interest and wise guidance has been much valued. Also to those in the County Treasurer's Department who have so painstakingly elucidated all the knotty problems of finance.

(sgd.) M. MOORE EDE "

Mrs. Moore Ede attended an International Home Help conference in London, and reported very interesting comparisons made between the services in different countries.

The figures for the year demonstrate the need for flexibility in the service to meet a varying demand, and show also an increase in the work undertaken for every type of case.

<i>Staff</i>				<i>Cases</i>			
	Full-time	Part-time	Occasional	Mater-nity	Gen-eral	T.B.	Totals
End of January ..	30	64	—	21	265	9	295
„ „ April ..	31	68	6	37	281	9	327
„ „ August ..	26	70	4	26	280	8	314
„ „ October ..	27	85	10	38	315	11	364

The home help film—made locally and showing the work of the service—is a unique production. It has been a very important means of publicising the service and has been most helpful to potential users and has assisted recruiting. It is in general demand in the county where the home help service provides frequent showings and has also been requested for showing outside Worcestershire to interested audiences.

Dental Treatment of Nursing and Expectant Mothers and Young Children

The following report has been supplied by the Chief Dental Officer :—

For the majority of the year 1952 the staffing position in the County did not improve, but signs began to manifest themselves in the latter part of the year that candidates for appointment would be coming forward.

The realisation in the middle of the year that the position with regard to the lack of treatment being given to the above classes of patient prompted the Council to approve a scheme whereby existing dental officers could voluntarily undertake to do a limited number of two-hourly evening sessions, with the stipulation that the work done during the day on which these evening sessions were held should be reasonably light in character to obviate fatigue and to maintain a high standard. Arrangements were made with the Authority's medical officers, midwives and health visitors to refer their patients to the dental officers for inspection and treatment, but the effects of this course will not be felt until 1953.

The oral hygienist employed by the Council continued with her good work until the end of June, but then resigned on the occasion of her marriage. Not only did she carry out dental treatment, but also lectured to student nursery nurses.

Facilities for X-ray examination exist at the dental clinic in Stourbridge, which is the centre of a populous area. It is hoped to increase the number of X-ray machines in other parts of the County at a later date.

As no treatment for expectant and nursing mothers had been carried out by the Authority's dental officers up to the end of the year, no dentures had been made for this class of patient. The Council does not have its own workshop but dentures, when required, will be made in an outside laboratory as is already the case in the school dental service.

In December a new whole-time dental officer was appointed to the Council's staff, the first for some time, and another was appointed to commence duty on 1st January 1953. In addition, there has been a more heartening response to advertisements for dental officers and it is hoped that the work can be further advanced during the coming year.

B. D. BRITTEN,

Chief Dental Officer.

(a) Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant and nursing mothers ..	—	—	—	—
Children under five ..	397	380	380	160

(b) Forms of dental treatment provided.

	Extractions	Anaesthetics.		Fillings	Scalings or scaling and gum treatment	Silver nitrate treatment	Dressings	Radiographs.	Dentures provided.	
		Local	General						Complete.	Partial.
Expectant and nursing mothers ..	—	—	—	—	—	—	—	—	—	—
Children under five	617	6	214	19	—	172+	2	—	—	—

+ including sodium fluoride treatment.

VACCINATION AND IMMUNISATION (Section 26)

The Ministry of Health issued Circular 15/52 on the 23rd May, 1952 expressing appreciation of the work done by local health authorities in bringing about a further fall in the mortality and incidence of diphtheria.

The following is the vaccination return for the County for the year ended 31st December, 1952 :—

Age at date of Vaccination	Under 1	1	2 to 4	5 to 14	15 or over	Total
Number vaccinated	2,384	284	106	90	166	3,030
Number re-vaccinated	—	—	32	78	471	581

The corresponding total of primary vaccinations for the year 1951 was 3,723.

Of the 3,030 primary vaccinations 561 were performed at Clinics being 18.5% compared with 17.2% for 1951.

The following table gives the figures for each County District:—

VACCINATION—ANNUAL RETURN FOR THE YEAR ENDED 31st DECEMBER, 1952—SUMMARY.

District	No. of persons vaccinated						No. of persons re-vaccinated					Total
	Under I	I	2 to 4	5 to 14	15 or over	Total	Under I	I	2 to 4	5 to 14	15 or over	Total
Bewdley Borough	28	—	—	—	3	31	—	—	1	—	5	6
Droitwich Borough	75	24	22	19	33	173	—	—	6	8	33	47
Evesham Borough	15	24	3	2	3	47	—	—	—	—	14	14
Halesowen Borough	100	9	9	6	6	229	—	—	1	4	22	27
Kidderminster ..	189	2	7	8	12	218	—	—	5	9	42	56
Oldbury Borough	219	6	5	4	8	242	—	—	2	—	33	35
Stourbridge ..	275	6	5	—	7	293	—	—	2	2	24	28
Bromsgrove Urban	133	1	4	1	12	151	—	—	4	5	41	50
Malvern Urban ..	204	7	1	7	15	234	—	—	5	9	78	92
Redditch Urban	254	32	6	4	4	300	—	—	3	6	46	55
Stourport Urban	146	1	1	4	3	155	—	—	—	2	9	11
Bromsgrove Rural	202	10	4	5	10	231	—	—	1	1	33	35
Evesham Rural	35	30	11	—	4	80	—	—	1	3	13	17
Droitwich Rural	60	82	12	7	21	182	—	—	—	3	21	24
Kidderminster Rural	72	—	3	5	7	87	—	—	—	6	11	17
Martley Rural ..	107	2	4	5	1	119	—	—	—	9	19	28
Pershore Rural	49	36	3	2	14	104	—	—	—	—	—	—
Tenbury Rural	39	2	—	2	—	43	—	—	—	2	4	6
Upton Rural ..	83	10	6	9	3	111	—	—	1	9	23	33
TOTALS ..	2384	284	106	90	166	3030	—	—	32	78	471	581

I. IMMUNISATION IN RELATION TO CHILD POPULATION

Number of Children at 31st December 1952, who had completed a course of Immunisation *at any time before that date* (i.e. at any time since 1st January 1938).

Age at 31.12.52 <i>i.e.</i> born in year	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5 to 9 1943-47	10 to 14 1938-42	Total under 15
Number Immunised	948	2,891	4,351	4,552	5,045	27,618	20,890	66,295
Estimated mid-year child population 1952	Children under five				Children 5 to 14			95,400
	32,600				62,800			

II. DIPHTHERIA NOTIFICATIONS AND DEATHS IN RELATION TO IMMUNISATION DURING THE YEAR 1952

NOTIFICATIONS			DEATHS		
Age at date of Notification	Number of Cases Notified	Number of cases included in preceding column in which the child had completed a full course of immunisation	Age at date	Number of Deaths	Number of cases included in preceding column in which the child had completed a full course of immunisation
Under 1	—	—	Under 1	—	—
1	2	—	1	—	—
2	1	1	2	—	—
3	1	1	3	—	—
4	1	1	4	—	—
5 to 9	8	6	5 to 9	1	—
10 to 14	5	4	10 to 14	—	—
TOTALS	18	13	TOTALS	1	—

One death in Redditch Urban District. This child was not immunised.

III. REINFORCING INJECTIONS

Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) during the year 1952

5 to 9 1943-47	10 to 14 1938-42	TOTAL
5,544	608	6,152

DIPHTHERIA IMMUNISATION
SUMMARY OF ANNUAL RETURNS 1952.

Number of Children at 31st December, 1952, who had completed a course of Immunisation
at any time before that date (i.e. at any time since 1st January, 1938)

Age at 31.12.52 i.e. Born in year.

DISTRICT

DISTRICT	Under 1 1952	1 1951	2 1950	3 1949	4 1948	5 to 9 1943-47	10 to 14 1938-42	Total under 15
Bewdley Borough ..	25	11	61	50	70	330	126	673
Droitwich Borough ..	15	87	100	84	89	460	331	1,166
Evesham Borough ..	—	76	110	122	122	637	639	1,706
Halesowen Borough ..	277	110	452	455	509	3,082	2,400	7,285
Kidderminster Borough ..	136	138	337	398	522	2,650	624	4,805
Oldbury Borough ..	34	464	521	553	704	4,030	3,619	9,925
Stourbridge Borough ..	59	334	448	441	456	2,514	2,128	6,380
Bromsgrove Urban ..	16	211	293	287	359	2,224	1,866	5,256
Malvern Urban ..	12	148	222	226	263	981	829	2,681
Redditch Urban ..	32	423	483	476	422	2,312	1,877	6,025
Stourport Urban ..	148	45	170	178	186	923	646	2,296
Bromsgrove Rural ..	27	228	260	310	374	2,144	1,496	4,839
Droitwich Rural ..	13	143	186	165	156	966	755	2,384
Evesham Rural ..	14	130	184	193	205	729	660	2,115
Kidderminster Rural ..	62	22	98	109	113	730	399	1,533
Martley Rural ..	8	103	100	131	119	794	662	1,917
Pershore Rural ..	32	116	146	183	178	988	931	2,574
Tenbury Rural ..	28	19	48	59	60	397	198	809
Upton on Severn ..	10	83	132	132	138	727	704	1,926
TOTAL ..	948	2,891	4,351	4,552	5,045	27,618	20,890	66,295

DIPHTHERIA IMMUNISATION
SUMMARY OF ANNUAL RETURNS 1952.

NOTIFICATIONS

Number of cases included in preceding column
in which the child had completed a full course
of immunisation.

DISTRICTS

Number of Cases Notified.

	Under 1	1	2	3	4	5 to 9	10 to 14	Totals	Under 1	1	2	3	4	5 to 9	10 to 14	Totals
Bewdley Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Droitwich Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Evesham Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Halesowen Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Kidderminster Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Oldbury Borough	—	—	—	—	—	—	1	1	—	—	—	—	—	—	1	1
Stourbridge Borough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bromsgrove Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Malvern Urban ..	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—	—
Redditch Urban	—	2	1	1	1	8	3	16	—	—	—	—	—	6	3	12
Stourport Urban	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bromsgrove Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Droitwich Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Evesham Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Kidderminster	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Martley Rural ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Pershore Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Tenbury Rural	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Upton on Severn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTAL ..	—	2	1	1	1	8	5	18	—	—	1	1	1	6	4	13

DIPHtheria IMMUNISATION
SUMMARY OF ANNUAL RETURNS 1952.
REINFORCING INJECTIONS

Total number of children who were given a secondary or reinforcing injection (i.e. subsequent to complete full course) during the year 1952.

				5 to 9 1943-47	10 to 14 1938-42	TOTAL
Bewdley Borough	..	..	..	42	1	43
Droitwich Borough	..	..	..	102	2	104
Evesham Borough	..	..	..	178	—	178
Halesowen Borough	..	..	..	635	—	635
Kidderminster Borough	..	..	..	486	3	489
Oldbury Borough ..	..	..	..	645	4	649
Stourbridge Borough	..	..	..	630	8	638
Bromsgrove Urban	..	..	..	324	8	332
Malvern Urban ..	..	..	..	204	5	209
Redditch Urban ..	..	..	..	702	524	1,226
Stourport Urban ..	..	..	..	91	1	92
Bromsgrove Rural	..	..	..	367	35	402
Droitwich Rural ..	..	..	..	136	1	137
Evesham Rural ..	..	..	..	263	3	266
Kidderminster Rural	..	..	..	137	—	137
Martley Rural ..	..	..	..	113	6	119
Pershore Rural ..	..	..	..	294	3	297
Tenbury Rural ..	..	..	..	73	—	73
Upton-on-Severn ..	..	..	..	122	4	126
TOTAL ..				5,544	608	6,152

Ambulance Service (Section 27)

The work of the Ambulance Service continues to increase and although the number of patients carried in 1952 increased by 46% compared with the 1951 total, the increase in mileage was only 6%.

The unprecedented increase in the number of cases conveyed is due to a number of developments in hospital and county council services, among which may be mentioned :—

- (i) the increasing work undertaken at All Saints' Hospital, Bromsgrove
- (ii) the development of services at Ronkswood Hospital, including the establishment of a major obstetric service
- (iii) the daily conveyance of mentally defective children to and from the new occupation centre at Halesowen
- (iv) the assumption by the County Council of responsibility for the conveyance of patients in the Droitwich hospitals to and from the Brine Baths, and
- (v) a general increase due to the prevalent practice of patients attending hospitals out-patient clinics for advice on their progress and treatment.

Because of this increasing demand, it was necessary to appoint five additional driver-attendants during the year to cope with the extra work.

The mileage has increased only by 6% during the year and this has been kept within reasonable limits by a careful check on all requests for service, and by co-ordinating journeys as far as possible.

Co-operation with neighbouring authorities has continued to be good.

Ambulance Stations

Approval was obtained to the plans for the new station at Malvern, and building commenced towards the end of the year.

A suitable site has been obtained in Redditch, and it is hoped that the building of a new station here will begin during 1953.

Transport by Railway

The number of cases conveyed by rail still increases ; 424 cases were conveyed compared with 309 in 1951.

No long distance journeys are now made by road, except in very exceptional circumstances. Patients and doctors are sometimes dubious when conveyance by rail is proposed, but it speaks well for the arrangements made that no complaint has yet been received about this form of transport. I should like to pay tribute to the courtesy and efficiency of British Railways, for their constant and willing attention to the needs and comfort of patients and their escorts who are conveyed by rail.

New Vehicles

Four new vehicles were brought into service during the year and were allocated to the Halesowen, Stourbridge, Bromsgrove and Kidderminster stations.

They replaced worn out ambulances which were no longer suitable and were not economical to run.

Voluntary Agency

The Worcester City and District Voluntary Ambulance Committee continued to cover Worcester City and neighbouring County areas (i.e. Droitwich Borough and parts of the Droitwich, Martley and Upton on Severn Rural Districts). During the twelve months ended 31st March, 1953, 1,925 county cases were conveyed for a total of 35,107 miles at a cost to the County Council of 25.2d. per mile (as compared with 28.42d per mile for the twelve months ending 31st March 1952).

By close liaison, the City and County controls do much towards the saving of mileage and vehicles. Cases are frequently combined and these joint arrangements run smoothly and well.

Infectious Diseases Service

By arrangement with the appropriate hospital management committees, the ambulances at Hayley Green Hospital, Malvern Isolation Hospital and Newtown Hospital conveyed cases of infectious disease on behalf of the County Council.

Hospital Car Service

This Service, which operates from Worcester, Kidderminster, Evesham, Bromsgrove and Stourbridge, by arrangement with the W.V.S. and Regional Hospital Board, continues to do excellent work in the conveyance of sitting cases. As will be seen from Table B, the work undertaken is still increasing. Where a number of suitable cases have to be conveyed, it is sometimes a saving both in manpower and money to use an ambulance. If this policy was not followed, the demands on the car service would be even heavier. The duplication of car and ambulance transport is avoided.

Voluntary Workers

Every encouragement has been given to volunteer workers (chiefly members of the St. John Ambulance Brigade and British Red Cross Society) to assist with the ambulance service. I am very grateful indeed to these volunteers whose enthusiasm and skill contribute greatly to the efficiency of the ambulance service.

Civil Defence

Recruiting for the ambulance section has been good and some districts have exceeded their peace time establishments.

Section training began in the early autumn, and attendances were satisfactory. As much practical work as possible was given, since it is considered that by this means interest is best maintained. It is hoped, as the training develops, to hold outdoor practices with imaginary incidents in co-operation with other sections.

The following tables give details of cases conveyed and mileages covered in 1952. The figures for 1951 are also given.

Table A—Cases conveyed by Ambulances.

Month	Cases		Miles	
	1951	1952	1951	1952
January	5,634	6,561	45,321	43,399
February ..	5,226	6,354	42,226	40,871
March	5,549	7,578	45,016	42,575
April	5,983	7,552	44,785	40,020
May	6,311	9,848	48,066	45,562
June	5,707	8,579	42,735	40,470
July	5,946	9,729	43,531	43,028
August	5,056	7,459	40,218	43,509
September ..	5,012	8,488	39,795	45,588
October	6,132	9,138	41,206	47,264
November ..	6,218	9,520	40,104	47,100
December ..	5,696	8,805	38,395	48,177
	68,470	99,611	§511,875	*527,957

§ includes 477 } residue miles during year—Worcester City and District
* „ 394 } Voluntary Ambulance Committee.

Table B—Cases conveyed by Hospital Cars.

Month	Cases		Miles	
	1951	1952	1951	1952
January	1,139	1,224	14,333	18,991
February ..	1,189	1,356	15,727	19,750
March	1,177	1,233	15,840	18,793
April	1,556	1,246	18,221	18,293
May	1,508	1,593	18,193	20,277
June	1,685	1,397	22,021	18,479
July	1,716	1,602	21,496	22,800
August	1,313	1,142	18,242	18,211
September ..	1,533	1,194	17,485	18,817
October	1,770	1,376	20,666	20,437
November ..	1,855	1,213	20,702	16,994
December ..	1,108	1,068	16,905	16,189
	17,549	15,644	219,833	228,031

Table C—Establishment at 31st December, 1952.

<i>Ambulance Station</i>	<i>No. of Vehicles.</i>	<i>Driver-Attendants.</i>	
		<i>Full-time</i>	<i>Part-time.</i>
Bromsgrove	5	6	—
Droitwich	1	1	—
Evesham	2	—	2
Halesowen	5	5	—
Kidderminster	5	6	—
Malvern	3	3	1
Oldbury	4	*6	—
Pershore	1	—	3
Redditch	4	6	—
Stourbridge	5	6	—
Tenbury	1	—	2
Wythall	1	—	—
Hayley Green Hospital ..	2	—	1
Malvern Isolation Hospital ..	1	—	1
Relief Driver-Attendants ..	—	2	—
	40	*41	10

* including one man who is an attendant only.

Convalescent Treatment

The number of cases in which financial responsibility for maintenance was accepted was 262 compared with 188 in 1951, 148 in 1950 and 75 in 1949. Travelling expenses were paid in 235 of these cases and also in one other case where the cost of maintenance was met from another source. 8 cases were admitted to a convalescent home for the second time. The cases included 2 of mother and babies, 1 blind person and 51 persons who were in receipt of national assistance allowance.

Details of cases and by whom referred are as follows :—

Men ..	73	Referred by :—	
Women ..	181	Hospitals	165
Infants	8	General Practitioners ..	96
		County Welfare Officer	1
	—		—
	262		262
	—		—

Age Groups

—5	—15	—25	—35	—45	—60	—65	over 65	Total
8	—	30	24	64	92	28	16	262

Hospitals referring cases :—

Bristol Royal for Sick Children	..	..	I
Bromsgrove Cottage	..	..	2
Worcester Royal Infirmary	..	..	44
Children's, Birmingham	..	..	I
Kidderminster and District General	..	..	6I
Birmingham and Midland for Women		..	3
Tewkesbury	..	..	2
Ronkswood	..	..	6
Guest, Dudley	..	..	I
Smallwood, Redditch	..	..	IO
Selly Oak	..	..	2
Birmingham Accident	..	..	I
Queen Elizabeth	..	..	7
All Saints, Bromsgrove	..	..	I3
Birmingham General	..	..	4
St. Wulstans, Malvern	..	..	I
All Saints Clinic, Birmingham		..	I
West Bromwich and District		..	2
Radcliffe Infirmary	..	..	I
Midland Nerve	..	..	2
			I65

Areas in which cases referred by general practitioners arose :—

Bromsgrove	..	..	..	..	..	1
Halesowen	..	..	..	..	..	19
Malvern	..	..	..	..	..	7
Martley	..	..	..	..	..	2
Oldbury	..	..	..	..	..	50
Redditch	..	..	..	..	..	2
Stourbridge	..	..	..	..	..	7
Stourport	..	..	..	..	..	4
Evesham	..	..	..	..	..	4
						96

Convalescent Homes to which cases were sent :—

Spero Fund Home, Bonchurch, Isle of Wight	I
Mothers Rest Association, Pensarn, Abergele	I
Frenchay Manor, Bristol	2
Gable House, Droitwich	30
Anna Wilson House, Tankerton	I
Belmont, Clevedon	66
Nash Court, Ludlow	2
Broomhayes Nursery, Northam, Devon ..	I
Home for Invalid Children, Hove	2
Lady Forester, Llandudno	9
Kingsleigh, Seaford	I
St. Luke's, Exmouth	56
Victoria, Clevedon	31
Merchant Taylor's, Bognor Regis	3
St. Luke's, Torquay	8
Catisfield House, Hove	3
St. Michael's, Clacton on Sea	6
Hollycourt, Devonshire Road, Hastings ..	I
Brooklyn Babies Home, Christchurch ..	I
Friendly Societies', Herne Bay	8
Free Church Women's Home, Weston	4
St. Raphael's, Torquay	6
Rustington, Littlehampton	5
Mrs. Silverton's, Hastings	I
Tyn-y-Coed Home, Llandudno	I
Oakwood, Malvern	2
Southern, Lancing	2
Maitland House, Frinton on Sea	2
Ormerod House, St. Annes on Sea	I
Kelsale Court House, Saxmundham	I
St. Gabriel's, Bournemouth	I
Sunningdale, Woolacombe, North Devon ..	I
Spero Fund Home, Ramsgate	I
Rest Break House, Weston Super Mare ..	I
	262

Stay of cases

Admission rate

1 week or under ..	8	January	12
2 weeks	193	February	8
3 weeks	27	March	20
4 weeks	25	April	27
5 weeks	2	May	23
6 weeks	5	June	38
over 6 weeks ..	2	July	21
		August	33
	262	September	37
		October	22
		November	15
		December	6
			262

Escorts were provided in four instances, three of the patients concerned being infants and one an epileptic. One patient was transferred to hospital from the convalescent home. Seven patients took their own discharge from the convalescent home before completion of the period of stay for which they had been recommended: the reasons included anxiety about domestic affairs and inability to settle down.

Maintenance charges amounted to £2368 15s 9d and travelling expenses to £473 1s 5d, towards which contributions according to scale from 118 patients were received amounting to £368 18s 7d giving a net cost of £2,472 18s 7d against £1,457 8s 0d for 1951.



CONVALESCENCE ADMISSIONS

-|-|-|-|-1949

- - - - -1950

—1951

—1952

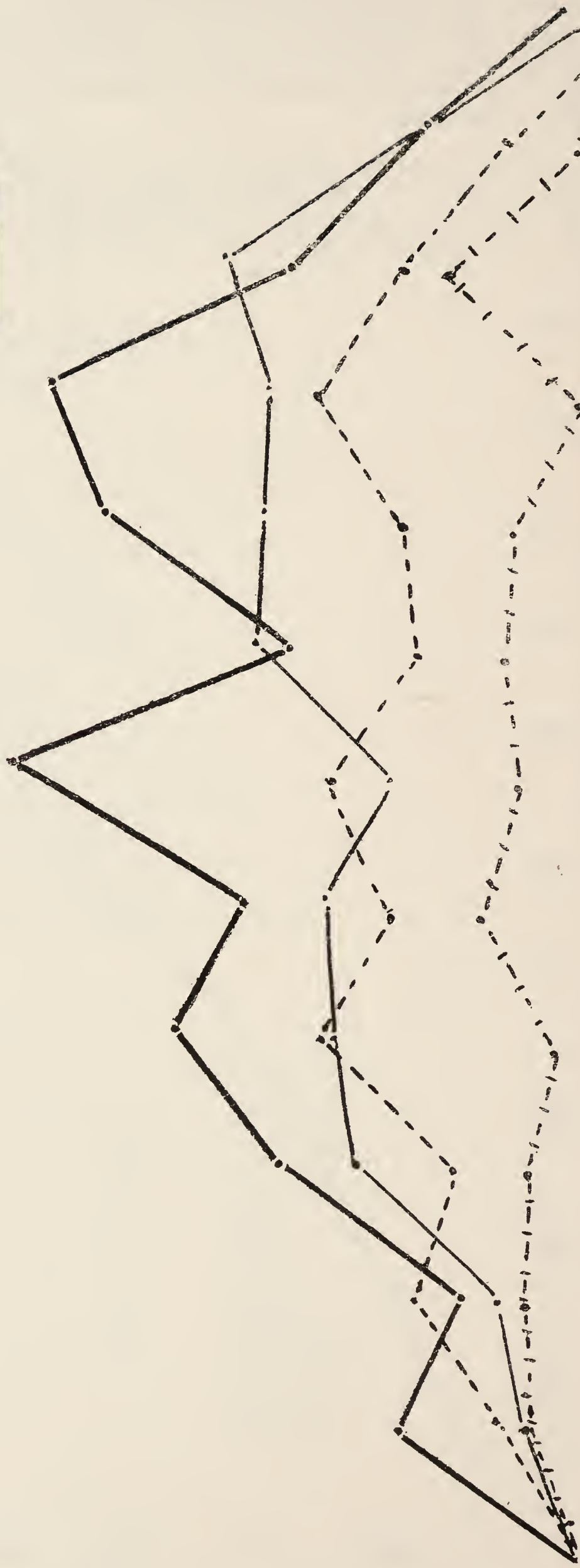
40

32

24

16

8



JAN.

FEB.

MAR.

APR.

MAY

JUNE

JULY

AUG.

SEP.

OCT.

NOV.

DEC.

Orthopaedic Work.

The following report of Orthopaedic work in South Worcestershire in 1952 has been supplied by Miss O. M. Woods, the Orthopaedic Physiotherapist :—

			<i>Clinic Cases</i>		<i>Non Clinic Cases.</i>		
			No. of cases visited	No. of visits	No. of cases visited	No. of visits	Total visits
School ..	..	..	101	304	466	844	1148
Infants ..	..	..	84	392	80	147	539
Total ..	..	..	185	696	546	991	1687

Total number of children visited—731

Apart from home visits to supervise the wearing of splints, the condition of plasters, the performance of home exercises and arrangements for appointments at the clinic, etc., many of these visits were made to children in school, where the co-operation of the teachers is much appreciated.

At seven schools frequent calls were made for a period in order to take a few children referred by the Medical Officer for special exercises.

At one of these the head teacher undertook to supervise a child's exercises for a few minutes after closing time, with excellent results.

At the Open Air School, all classes were seen three times during the year, with a view to the prevention of postural defects. Exercises were taught, and visits were made at intervals to see those children picked out for supervision.

At six other Malvern schools the children were inspected class by class, some being picked out for special attention, and exercises taught. Many parents were subsequently visited, and, in suitable circumstances they were invited to take or send their children for a time to the early evening weekly posture classes, held by Miss Jenkins. The response has been good.

This procedure was repeated several times during the year, with a view to giving as many as possible the chance of attending these classes.

Miss Jenkins and the Orthopaedic Physiotherapist work in close co-operation, the latter having attended the class at least five times in 1952.

At another six schools in the County all the classes were inspected in the same way ; many children were seen again, and several parents were visited to be advised about the fitting of and alteration to shoes, and the importance of correct posture, especially of the feet.

With adolescent children it has been found that the wearing of shoes up to two sizes too small is a frequent occurrence. In some cases the child has been sent to the orthopaedic specialist about their feet. The treatment recommended is simply to wear shoes of a good make, long and wide enough for the toes to be straight, and allowing them room for growth. At the same time it is important that the shoe should fit round the instep.

As far as young children are concerned, there seems to be a definite improvement in the standard of fitting, though even here there is room for more care.

It appears that there is a serious shortage of sufficient variety in fitting, especially for the long narrow foot, and for the very broad foot of some big children.

Another contributory cause to the wearing of shoes which are too small is the fact that many are now marked according to the American sizes, which differ largely from our own.

This should not matter if parents would always take their children to be fitted for new shoes, and should never be over-persuaded to buy a mis-fit.

The Orthopaedic Physiotherapist has a further opportunity of stressing these points when she meets young children and their mothers at child welfare centres, where, at the request of the medical officer concerned, she also gives advice as to slight alterations to shoes and teaches exercises to be practised at home.

For this purpose she has attended fortnightly at Droitwich since the middle of October, and continues to attend once a month at Evesham and is glad to see any parents and children who need her help.

Rural Water Supplies and Sewerage

Steady progress is being made with schemes of sewerage and sewage disposal and for piped water supplies.

The Ministry of Housing and Local Government issued a circular during the year stressing the urgent need for economy in expenditure on these schemes, and stating that priority would only be given to schemes required for new housing or on grounds of public health. Schemes for supplying areas where there was no piped water supplies would be given a higher priority than those merely for improving existing piped supplies.

For the time being the Minister has held back his approval of several schemes in the County.

The following schemes, some of fairly considerable magnitude, have been submitted to the County Council for their observations under the Rural Water Supplies and Sewerage Acts. Schemes of water supply, sewerage and sewage disposal to the value of well over £2 million have been considered, and commented upon by the Committee.

<i>District</i>	<i>Nature of Scheme.</i>	<i>Estimated Cost.</i>	<i>Remarks.</i>
Bromsgrove Rural	Sewerage and sewage disposal scheme for the Hopwood area of Alvechurch.	£ 26,500	Awaiting Ministry Inquiry.
Bromsgrove Rural	Extension of Hagley Sewage Works.	22,300	„ „
Droitwich Rural	Sewerage and sewage disposal scheme for the Summerfield area of Hartlebury.	13,850	„ „
Evesham Rural	Sewerage and sewage disposal scheme for Pebworth.	16,500	„ „
„ „	Sewerage and sewage disposal scheme for Cow and Church Honeybournes.	7,500	Ministry Inquiry held.
Kidderminster Rural	Revised scheme of water supply for Chad-desley Corbett, etc.	25,800	Under consideration.
Kidderminster Rural and Droitwich Rural	Joint scheme of water supply for Stanklyn Lane (Stone and Hartlebury parishes)	1,498	Scheme completed.
Pershore Rural	Sewerage and sewage disposal scheme for Town of Pershore, and Pensham, Pinvin, Wyre Piddle and Wick.	200,300	Awaiting Ministry Inquiry.
„ „	Water Supply scheme for Littleworth (Norton juxta Kempsey)	5,702	Under construction.
„ „	Regional Water Supply scheme, second stage.	95,990	Awaiting permission to begin.
Tenbury Rural	Improvements to the water supply scheme for Tenbury town.	15,248	Awaiting Ministry Inquiry.

The following inquiries or investigations were held by the Minister of Housing and Local Government during the year :—

<i>District</i>	<i>Details</i>	<i>Estimated Cost.</i>
Evesham Rural	Sewerage scheme for Cow and Church Honeybournes.	£ 8,100
Martley Rural	Comprehensive water scheme for the whole of the Rural District.	262,450
Pershore Rural	Water supply scheme for Littleworth (Norton juxta Kempsey)	5,702
Upton Rural	Sewerage scheme for Newland	8,500
Upton Rural	Water supply scheme for northern parishes.	108,600

WATER SUPPLIES IN RURAL DISTRICTS OF WORCESTERSHIRE

Rural District	Houses Supplied by Mains				From Wells, Springs, etc.	
	Direct to Houses		Stand pipe supplies			
	No. of houses	Popula- tion	No. of houses	Popula- tion	No. of houses	Popula- tion
Bromsgrove	7,165	25,054	8	28	1,161	4,045
Droitwich	1,311	4,475	12	40	2,587	8,685
Evesham	4,386	13,685	11	33	806	2,342
Kidderminster	2,266	7,848	779	2,490	576	1,821
Martley	198	631	13	42	3,445	10,770
Pershore	2,386	8,201	—	—	2,212	7,516
Tenbury	408	1,640	—	—	1,229	4,391
Upton-on-Severn	906	4,354	26	72	2,730	9,311

HOUSING

County Councils are not housing authorities for the purposes of the Housing Acts but under Section 88 of the Housing Act of 1936 it is the duty of every county council, as respects each rural district within their county, to have constant regard to the housing conditions, the extent to which overcrowding or other unsatisfactory housing conditions exist and the sufficiency of the steps which the council of the district have taken, or are proposing to take, to remedy those conditions and to provide further housing accommodation. The county councils also have to make financial contributions to district councils.

In earlier reports the view has been advanced that deficiencies in the housing of the people was the most urgent public health problem existing. I am glad to say that the building of new houses, the drive for which is still gathering momentum, continues. Included is a table showing the number of new houses built in the County since the 1st April 1945 up to the end of the year, that is, approximately $7\frac{1}{2}$ years. I think these figures show the really excellent work which has been done, but the lists of families wanting homes still remain formidable.

There are signs now that before long local authorities will be considering the inclusion in their building programmes, of houses to replace others which are totally unfit but which for many years past have had to be occupied.

The maintenance of houses in a reasonably fit condition and the repair of those allowed to become in a state of disrepair, are problems becoming more urgent each year.

For some reason or other, the grants made available for the major reconditioning of property under the Housing Act of 1949 have not met with the response which it was thought they would. It will be remembered the grants were introduced to take the place of those available under the Housing (Rural Workers) Acts which, in this County at any rate, met with such outstanding success. A table is included showing the number of applications dealt with in 1952 by rural district councils.

If local authorities, and particularly rural authorities, find themselves able to attempt to deal with the unfit properties in their areas it will be of value I think to revive the Joint County Committee on Rural Housing, which has not met for several years, not because the business of this Committee had become less important, but solely because all the energies, labour and resources, have been devoted to the building of new houses.

The survey of rural houses, which the rural authorities undertook to make, is practically finished. A table has been prepared summarising the results of the survey with an interpretation of the classifications used. A study of this most interesting survey will at once show the huge amount of work which is before us to deal with houses in the two lower classifications.

The figures for Worcestershire are not abnormal ; indeed they are about average. Naturally, they vary from place to place. Evesham Rural District for example, has only a small percentage of unfit houses because of the large proportion of houses owned by the Council built before 1938. It has been estimated that there are over one million houses over the Country which ought to be pulled down and over two million more than 100 years old. The continued deterioration of much of this old property has, I think, now produced a major problem which I think may have to be tackled nationally.

Temporary Buildings.

A comprehensive survey of the main areas occupied by caravans and shacks has been made by the County Council from the point of view of enforcement procedure in respect of development without planning permission. It is not known with certainty how many caravans in the County are permanently occupied all the year round but there cannot be less than 1,000. In Bromsgrove Rural District there are 656 " tents, vans and sheds " stationed throughout the district. Of this number no less than 458 are in full-time occupation. This is an increase on the previous year.

The public health problems connected with this question are causing the local authorities much concern.

Table showing numbers of Permanent Houses built in the County at the end of 1952.
(Figures relate from 1st April, 1945).

Local Authority	Population (Mid 1952)	New Dwellings built by Housing Auth. and Housing Assoc.		Temp- orary Houses Com- pleted	New Dwellings built by Private Builders		
		No. under Construct.	Com- pleted		No. under Construct.	Com- pleted	
BOROUGHES							
Bewdley	4,833	—	106	—	3	32	
Droitwich (d) ..	6,627	14	310	—	22	64	
Evesham	11,940	62	357	29	10	74	
Halesowen (a) ..	39,730	182	896	86	93	306	
Kidderminster.. ..	37,700	122	776	100	64	95	
Oldbury	53,790	164	549	50	71	157	
Stourbridge	37,710	144	1,102	—	43	220	
URBAN							
Bromsgrove (b) ..	28,460	126	736	50	34	133	
Malvern (c)	24,250	180	668	84	30	165	
Redditch	30,360	108	1,262	100	37	285	
Stourport-on-Severn	10,400	57	326	20	13	64	
RURAL							
Bromsgrove	28,240	43	366	—	53	244	
Droitwich	13,040	18	188	—	10	72	
Evesham	16,380	58	472	—	52	150	
Kidderminster.. ..	11,980	87	389	—	15	88	
Martley	11,470	36	184	—	22	94	
Pershore	16,410	105	295	30	21	112	
Tenbury	5,330	19	49	—	1	14	
Upton-on-Severn ..	15,950	42	240	12	24	93	
Totals ..	404,600	1,567	9,271	561	618	2,462	

(a) The figures include 50 completed by Housing Associations.

(b) „ „ „ 100 houses built by Housing Associations.

(c) „ „ „ 4 „ „ „ „

(d) „ „ „ 14 „ under construction by Housing Associations.

RURAL HOUSING SURVEY

Return of Houses Surveyed to 31st December, 1952.

Rural District	Population Mid 1952 (R.G.'s Estimate)	No. of Houses Inspected	CLASSIFICATION OF HOUSES INSPECTED						Houses included in the preceding four categories which had been noted for action under the Housing (Rural Workers) Acts	Remarks		
			(i)		(ii)		(iii)				(iv)	
			No.	%	No.	%	No.	%			No.	%
Bromsgrove	28240	6805	4480	65.8	1429	21.0	556	8.2	340	5.0	91	Survey completed
Droitwich	13040	3138	1424	45.4	785	25.0	589	18.8	340	10.8	—	Survey completed
Evesham	16380	3999	2183	54.6	526	13.1	1191	29.8	99	2.5	—	Survey completed
Kidderminster	11980	1938	357	18.4	873	45.1	466	24.0	242	12.5	89	Survey completed
Martley	11470	2310	279	12.1	882	38.2	686	29.7	463	20.0	195	Survey completed
Pershore	16410	2090	161	7.7	571	27.3	962	46.0	396	19.0	407	
Tenbury	5330	833	166	19.9	342	41.0	185	22.2	140	16.9	—	
Upton-on-Severn	15950	2013	114	5.7	752	37.3	867	43.1	280	13.9	233	Survey completed
Totals and Averages	118800	23126	9164	39.6	6160	26.6	5502	23.8	2300	10.0	1015	

Classification.

- (i) Satisfactory in all respects.
- (ii) Minor Defects.

- (iii) Requiring repair, structural alteration and improvement.
- (iv) Unfit for habitation and beyond repair at a reasonable cost.

RURAL HOUSING.
HOUSING ACT, 1949. IMPROVEMENT GRANTS.

Rural District	Applications dealt with by R.D.C.'s. during 1952				Application submitted to Regional Office of Ministry				Remarks
	No. received	No. approved	No. rejected	No. under consideration	No. sent	No. approved	No. rejected	No. under consideration	
Bromsgrove	—	—	—	—	—	1	—	—	Submitted in 1950
Droitwich ..	2	2	—	—	2	2	—	—	
Evesham ..	1	1	—	—	1	2	—	1	Two Cases submitted in 1950
Kidderminster ..	1	—	1	—	1	—	1	—	
Martley ..	1	—	1	—	—	—	—	—	
Pershore ..	4	3	—	1	3	1	—	2	
Tenbury ..	1	1	—	—	1	1	—	—	
Upton-on-Severn	2	1	1	—	1	1	—	—	
Totals	12	8	3	1	9	8	1	3	

The Milk (Special Designations) (Pasteurised and Sterilised Milk) Regulations, 1949.

The County Council, as the Food and Drugs Authority (excepting Kidderminster and Oldbury Boroughs who are also Food and Drugs Authorities) are now the licensing authority for the granting of licenses to pasteurise and to sterilise milk in relation to milk pasteurised or sterilised on the premises of the applicant. They have the responsibility of taking samples, and the inspection of the processes to ensure that the conditions of the licence are being, and will be complied with.

On 1st January 1952, 15 pasteurisers licences and one steriliser's licence were renewed. Two new pasteurisers licences were issued during the year, whilst one licence lapsed as the area in which the dairy was situated was transferred to the City of Worcester. Arrangements were made, before the transfer, for joint inspections by the Officers concerned and I am glad to say that no difficulties arose. Towards the end of the year, three dairies ceased to pasteurise milk and the licences were surrendered.

At ten of these dairies, the method adopted for pasteurising the milk is by the holder process, and the other three employ the high temperature short time (H.T.S.T.) process. About 8,000 gallons are dealt with daily, 5,000 by the holder process and 3,000 by the H.T.S.T. process. There is one plant producing about 200 gallons of sterilised milk. No records are available of the large quantity of milk distributed in the north of the County and processed in Birmingham, Wolverhampton, etc.

The holder process requires that the milk shall be retained at a temperature of not less than 145° F and not more than 150° F for at least 30 minutes and immediately cooled to a temperature of not more than 50°F., whilst the H.T.S.T. process requires that the milk shall be retained at a temperature of not less than 161°F for at least 15 seconds and similarly cooled.

Systematic visits are paid to all the dairies and the indicating and recording thermometers checked against a specially tested and certified thermometer, and the operating records examined. All failures are specially investigated. Experience shows that both systems of pasteurising will give satisfactory results, but the H.T.S.T. system is probably more suitable where large quantities of milk have to be handled.

The following table shows the number of pasteurised milk samples collected by the County Council during 1952. It also shows the results of samples in respect of processing plants licensed by other food and drugs authorities, but supplying milk to Worcestershire schools and institutions.

Pasteurised Milk

Place of Collection		No. Taken	Phosphatase Test		Methylene Blue Test		Void
			Pass	Fail	Pass	Fail	
Schools	A	31	29	2	31	—	—
	B	88	88	—	88	—	—
	C	119	117	2	119	—	—
Children's Homes	A	18	18	—	14	—	4
	B	5	5	—	5	—	—
	C	23	23	—	19	—	4
Day Nurseries	A	3	3	—	3	—	—
	B	11	11	—	10	—	1
	C	14	14	—	13	—	1
Hospitals	A	22	21	1	18	—	4
	B	34	34	—	33	—	1
	C	56	55	1	51	—	5
Dairies	A	328	321	7	293	—	35
	B	1	1	—	1	—	—
	C	329	322	7	294	—	35
Totals	A	402	392	10	359	—	43
	B	139	139	—	137	—	2
	C	541	531	10	496	—	45

- A. Milk produced at plants licensed by Worcestershire County Council.
- B. Milk produced at plants licensed by other authorities.
- C. Total

Sterilised Milk. 25 samples of sterilised milk were collected, all of which passed the Turbidity test and were satisfactory.

NOTE.
The phosphatase test shows whether the milk has been heated to the proper temperature and subsequently held at the correct temperature for the correct period.

The methylene blue test is applied to test the keeping quality of the milk.

The turbidity test applied to sterilised milk shows whether the temperature of the milk has been raised to boiling point and kept at or above that temperature for a sufficient length of time.

The methylene blue tests on pasteurised milk have to be declared void when the atmospheric shade temperature at any time between the collection of the sample and testing exceeds 65°F.

Under certain conditions the phosphatase test is also void.

Milk in Schools Scheme.

The scheme has been maintained throughout the County and at the end of the year there were no schools without a supply. Because of transport costs, delivery of the grade of milk required is not easy in rural districts, and all sorts of arrangements have to be made to get the milk to the school, such as by taking advantage of the delivery vehicles of the schools meals service and even by public transport.

I am afraid this sometimes results in the delivery of the milk at the school after the mid morning break, which is the ideal time for the milk to be drunk, but every effort is made to get early deliveries.

The following table shows the grade of milk supplied to schools under the scheme.

<i>Grade</i>	<i>No. of schools supplied.</i>
Pasteurised	312
Tuberculin Tested	12
Accredited	Nil
Undesignated	Nil

With the exception of two schools, which receive bulk supplies of T.T. milk, all schools receive milk in one-third pint bottles.

These figures are extremely satisfactory.

I hope that some day it may be possible for the school canteen staffs to accept responsibility for receiving and distributing school milk so that the bottles can be rinsed and turned upside down in the crates and thus make it easier for the dairyman to clean the bottles, a process made much more difficult when the milk residues and sometimes unconsumed portions of milk (sour often by collection time) remain in the bottles.

Another advantage would be that trained staff could quickly glance at the physical condition of the bottles and draw attention to any which ought to be discarded.

School Milk

37 samples of raw T.T. milk were collected at schools during the year and all satisfied the Methylene Blue Test. 17 samples were submitted for biological test: 16 were negative. One test was uncompleted, the guinea pig having died from other causes during the test. A repeat sample was taken.

Cleanliness of Milk Bottles.

For some time the County Council has thought there ought to be a legal standard for the cleanliness of milk bottles, as it seemed somewhat ironical to try to ensure standards of cleanliness for milk when there is not an equally satisfactory standard of cleanliness of the vessels which come into contact with the milk, for example milk bottles, milk churns and milk bottle caps. The Regulations require that “every dairy farmer or distributor shall ensure that every vessel (including the lid) used for containing milk, shall, immediately before use by him, be in a thorough state of cleanliness.”

Random samples of washed bottles have been collected at all dairies for which the County Council have a responsibility and the following table shows the results of tests on these bottles during the year 1952.

No. of Bottles Collected	Results					
	Sterile	No. of colonies developing on Agar at 37°C. in two days.				Bacillus coli present.
		Less than 100	100–600	600–2000	Over 2000	
189	57	93	12	9	18	6

The following is the standard adopted by the Public Health Laboratory Service for judging the cleanliness of washed bottles :—

Not more than 600 colonies per pint bottle.	Satisfactory.
Over 600 and less than 2,000	Fairly satisfactory.
Over 2,000	Unsatisfactory.

The following is the standard of the Ministry of Agriculture and Fisheries, which is more stringent :—

Not more than 200 colony count per bottle	Satisfactory.
Over 200 to 600	Fairly satisfactory.
Over 600	Unsatisfactory.

At the end of the year the matter was being considered by technical organisations but the impression is that an official standard is not thought to be necessary and that the unofficial standard quoted above by the Public Health Laboratory Service and the even higher standard of the Ministry of Agriculture and Fisheries could be used as guides.

Biological Samples.

The County Council have the duty of enforcing the provision of the Food and Drugs (Milk, Dairies and Artificial Cream) Act 1950, relating to the prohibition of the sale of tuberculous milk, and milk of cows suffering from tuberculosis and certain other diseases. Prior to 1938 the systematic inspection of dairy herds was carried out by veterinary officers employed by the responsible local authorities. The duty was taken over by the Ministry of Agriculture and Fisheries, but in recent years it is true to say that due to extreme pressure in other fields, the systematic routine clinical inspection of dairy herds has not been so frequent as in previous years. At times much concern has been felt, particularly about the producer-retailer of non-designated milk, a milk supply which does not have the safeguard of the protection afforded by heat treatment. A return to the systematic dairy herd inspections by a staff specialising in this branch of work is desirable.

The following Table shows the number of biological samples collected by the County Council :—

No. of samples collected.	No. Negative	No. Positive.	Test Uncompleted.
394	37 ¹	7	16

Included in these are the 17 samples of raw T.T. milk collected at schools referred to previously.

During the year five tubercle infected milk samples, relating to milk produced in the County, were reported from other sources.

Investigations into the herds involved were carried out by the Divisional Veterinary Officer of Ministry of Agriculture and Fisheries, who is most helpful and co-operative with the Local health authority in this work.

The district medical officer of health was also notified in each case so that he could consider, with the veterinary officer, the action to be taken with regard to the milk supply.

At the end of the year there were 1486 registered dairy farms in Worcestershire. Of this number, 437 or 30% held Tuberculin Tested Licences and 111 or 7% were Accredited. The remaining 63% were undesignated.

The percentage of tuberculin tested milk produced is much higher than the mere percentage of farms, due to the fact that the tuberculin tested herds are usually very much larger than the accredited or undesignated herds.

Brucellosis.

The Director of the Public Health Laboratory, Worcester, is continuing to submit, as a routine, all raw milk samples to the new Ring test for brucellosis. There can be no doubt that this is a most useful investigation. The question whether positive reports on the examination of milk under this test can be regarded as evidence, or even grounds for suspecting the current milk supply, is not one that the Ministry of Health are yet in a position to answer. Pending the findings of an Investigation which is being made into the whole subject it is considered that there are insufficient grounds on the result of this Ring test only, for the service of a notice under the Milk and Dairies Regulations on the farmer either stopping or diverting the milk for pasteurisation. Undulant fever in humans (cases of which are extremely rare) is contracted from the milk obtained from infected herds.

Specified Area.

The Order under which Oldbury, Halesowen and Stourbridge became "specified areas" within which the use of a special designation in relation to milk sold by retailers became obligatory, came into effect on the 1st November 1952.

Enquiries are proceeding with the view to a further area of the County being made a special area some time in the near future.

The effect of these orders is not only to control the sale of milk in the areas named, but the whole of the supply of a dairyman, whether his dairy is within the named area or not, who sells milk within the area, must be specially designated milk.

Hop Pickers Accommodation.

Hop picking, which started early in September, had finished at most farms within the normal period of four to five weeks. Reasonably dry weather was experienced but perhaps somewhat colder than usual.

Mr. A. L. Pratt (Sanitary Inspector, Martley Rural District) has again compiled some interesting figures about the effect of the installation of hop picking machines on the number of pickers for whom living accommodation has to be provided by the growers. The figures are here reproduced :—

<i>Year</i>	<i>No. of Machines</i>	<i>Resident Pickers</i>
1944	1	6,723
1947	1	7,137
1949	1	6,447
1950	5	5,148
1951	16	2,820
1952	20	2,661

Of the 56 farms growing hops in the Martley Rural District, 20 now have machines. Fifteen farms employ local pickers only. Overcrowding is very rarely met with and is due entirely to the pickers own preference.

Nursing facilities were provided to all the hop growing farms either by full-time or part-time employment. The Salvation Army rendered valuable service as in previous years.

A Senior Medical Officer of the Ministry of Health inspected the accommodation at several farms before the hop pickers arrived.

I think with the diminution in the number of pickers the scavenging is not now so good as it used to be ; the explanation is probably due to the belief that with fewer pickers the employment of an orderly is not warranted. There seemed to be more gypsies than ever.

One interesting point is that at one farm where a good type of barracks had been built for the pickers within recent years just before the introduction of machines, accommodation now no longer wanted, satisfactory conversions had been carried out into bungalow types of houses. Perhaps not up to standard in one or two directions they were, nevertheless, on the whole comfortable temporary homes.

Child Guidance

Dr. J. J. Graham, the Consultant Psychiatrist, comments :—

“ We have been fortunate in securing the services of a second psychiatric social worker since October, and we welcome Mr. R. C. Wright to the Clinic team. Although eventually the amount of psychiatric social work time devoted to child guidance will not be any more than hitherto because of the other calls of the Mental Health Service, Mr. Wright's advent has made it possible to arrange the work more economically and efficiently. We now feel that the waiting lists at Warley, Kidderminster and Bromsgrove are reasonable and manageable ; but the Worcester waiting list continues to be a problem. After a heart-breaking delay in delivery of furniture we have moved into our new premises at the Worcester City School Clinic a year later than we had anticipated doing so.

We have had to give up the one-time Tuberculosis Clinic premises at Bromsgrove which we have used for almost a couple of years and have moved back into the School Clinic where there is no satisfactory play-room. The Architect's Department is preparing an estimate for converting one of the rooms into a play-room and we are hopeful that this plan will be carried through. The Kidderminster School Clinic is most unsatisfactory for our work and here, too, plans are afoot. Dr. Starkie has been most helpful with suggestions and we hope it may be possible to build out at the rear a play-room which can be shared with Miss Edwards, the speech-therapist."

Medical Comforts Depots

The County Council makes an annual grant to the St. John Ambulance Brigade and the British Red Cross Society for the maintenance of the equipment in the medical comforts depots (twenty of which are situated in various parts of the county) administered by them.

The supervision of these depots entails a good deal of voluntary work by members of the two organisations and I am grateful to them for their co-operation.

The following reports have been supplied by Dr. F. Leslie Newton, the County Commissioner of the St. John Ambulance Brigade, and Mrs. A. P. Stephens, the County Secretary of the British Red Cross Society to both of whom I am grateful :—

St. John Ambulance Brigade

There are 14 Depots in the County administered by the St. John Ambulance Brigade.

The total number of articles issued from the Depots showed an increase of 15 over the previous year. There was a decrease of 26 in the number of articles not returned to the Depots in the same period.

The stocks of articles held both at the County Stores and at the Depots have been considerably increased during the year, and in most cases the demands have been promptly met.

The difficulties in getting articles returned in Malvern and Redditch mentioned in my report last year have been overcome, and these Depots are both working satisfactorily. Unfortunately, Oldbury has not been so good, and changes have recently been made in the administration of this Depot which I hope will facilitate its working.

Members in charge of Depots send postcards after a month to those who have articles on loan. If no reply is received after a further month, another postcard is sent. In many cases members of the Brigade visit those who do not reply.

The members of the St. John Ambulance Brigade have given over 4,200 hours Voluntary Service in running these Depots, and great credit is due to those members who give so freely of their time to this service.

All the Depots in the County have been visited at least once by County Officer, Mr. E. S. Bond, who is in charge of the work of these Depots.

The arrangements for the Depot at Stourbridge have not proved entirely satisfactory, and it is shortly to be moved to the Hagley Road Clinic in Stourbridge, where it will be run entirely by members of the St. John Ambulance Brigade.

The deposit charges for the articles were increased during the year with the consent of the County Medical Officer of Health, and the general feeling of the members in charge of Depots is that this has helped to ensure the early return of articles no longer required.

British Red Cross Society

The fact that articles required for home nursing can be obtained on loan from the Depots is evidently becoming more widely known and the service used.

During 1952, some 550 loans were made from the Red Cross Depots in the County, and people appear to be very grateful for the use of the various articles.

Generally we find that the things are looked after well and returned in good condition. We do, however, have great difficulty in getting them back, especially from people who have only required them for a short period.

We feel that this is a very worthwhile service to the Community.

Mental Health Service

Full details of this Service are given in the Survey Report appended hereto. I would like to emphasise the good relationship with, and assistance given by, Dr. A. Shepherd (Medical Superintendent of the Barnsley Hall Hospital), Dr. A. M. Spencer (Medical Superintendent of Powick Hospital), Dr. A. S. Patterson (Medical Superintendent of Lea Colony), and the Medical Officers of the various Institutions to which Worcestershire patients were sent.

It has been due to their co-operation and to the help given by the Medical Officers of the Regional Hospital Board that many Worcestershire cases have been admitted to institutions though even now the accommodation is very much less than the demand, with the result that cases often have to wait a considerable time before admission.

Report of the County Welfare Officer for the Year 1952.

Residential Accommodation

Steps continued to be taken during 1952 to improve the amenities at the Homes, particularly those at Heathlands, Pershore, and Laburnum House, Upton-on-Severn, former Public Assistance Institutions and also at the accommodation reserved for the use of the County Council at the Regional Hospital Board establishments at All Saints' Hospital, Bromsgrove, Avonside Hospital, Evesham, and Blakebrook Hospital, Kidderminster.

At Heathlands work on the scheme for providing additional accommodation, referred to in my previous report was begun.

A scheme for modernising the rooms in the Centre Block at Laburnum House, similar to a room already done as an experiment, was approved, the work to be spread over the years 1952-53 and 1953-54. Owing to delay on the part of the contractors work on the first part of the scheme had not begun at the end of the year. The installation of an automatic solid fuel stoker was approved which would not only effect economy in the use of fuel but avoid the engagement of a second stoker.

A scheme was also approved for rebuilding the sanitary wing on the east side of the Male Infirmary Block at Laburnum House as subsidence had been taking place for some years and the time had now been reached when it was considered necessary that something should be done to put this matter right.

Improvements at other County Council Homes in the interests of the residents provided or approved included the provision of additional handrails to stairs, heating in bedrooms, washbasins in bedrooms, etc.

On the 1st April 1952 the County Council by arrangement with the Hospital Management Committee took over more direct control of the accommodation reserved for their use at All Saints' Hospital, Bromsgrove. This accommodation is treated as an annexe to The Heriotts, Droitwich, and the Warden and Matron of that Home exercise a general supervision of the accommodation. The County Council provide their own staff. The Hospital Management Committee are responsible for providing food, fuel, heating, electric light and power, gas and water, dealing with laundry and upkeep of buildings. During the year new furniture and equipment was provided by the County Council to bring the accommodation more into line with modern requirements.

At Blakebrook Hospital the possibility of providing ground floor bedroom accommodation for males was explored because cases from Kidderminster and district requiring this type of accommodation had to be sent to other Homes some considerable distance from the district. As a result the Hospital Management Committee were asked to re-arrange the accommodation by converting a sitting-room into a ground floor bedroom and providing sitting-room accommodation elsewhere. The Regional Hospital Board were also asked to provide as soon as may be practicable, alternative accommodation particularly for those old people who at present have to climb three flights of stone stairs to get to their bedroom. Enquiries were begun with a view to the introduction of some form of simple handicraft work to the residents as this had been found most beneficial at other Homes.

Enquiries were also made about the possibility of some form of diversional therapy service being provided for the residents of the Council's reserved accommodation at Avonside Hospital, Evesham.

Old People's Clubs

These clubs mainly sponsored by the Women's Voluntary Services continued their good work during 1952. Four new Clubs were established by the Women's Voluntary Services at Malvern, Oldbury and Redditch (2). The Worcestershire Branch of the British Red Cross Society have also established an Old Folks' Club at Bromsgrove. All these Clubs receive grants from the County Council towards their upkeep in accordance with the rules laid down in this connection.

Admission of Chronic Sick Patients to Hospitals

During the year the home and social conditions of 440 prospective patients in chronic sick hospitals were reported upon to the Hospital Management Committee concerned to enable them to assess priority of admission. 426 sick cases were reported upon during 1951.

The extent of the assistance rendered to the Regional Hospital Board since December 1948 when the arrangement was agreed upon, can be gauged from the fact that 1574 cases had been reported upon at the end of 1952.

Compulsory Removal of Persons to Hospital or Home

One case only came to my notice during the year in which a district Council found it necessary to exercise their powers under Section 47 of the National Assistance Act 1948 for the compulsory removal of a person to hospital.

Similar action was contemplated in other cases but fortunately the persons concerned were persuaded to enter a County Home for Old People or hospital or other arrangements were eventually made for their care.

Outings for and Entertainment of Residents of Homes

As in previous years outings to the seaside and elsewhere at the cost of the County Council were arranged this year for the residents of the Council's welfare accommodation who were fit enough to travel. They also participated in coach trips and outings to theatres and cinemas which were paid for out of their own Comforts Funds.

A party of residents from one Home spent a week at a hotel in Paignton offering reduced rates for old people. The residents saved up for this holiday out of their own money and paid all their expenses.

In addition to being given film shows from time to time various forms of entertainment were provided for the residents of the Home by outside sources.

Registration and Inspection of Disabled and Old Persons' Homes

Two applications were received during the year from the proprietors of Homes for Old Persons to be registered under the National Assistance Act 1948 in respect of the premises. In both cases the standard of accommodation and the arrangements for the care of the residents were regarded as satisfactory. The requirements of the Chief Fire Officer concerning fire precautions were complied with in one case and a certificate of registration was accordingly issued in respect of the premises. In the other case such requirements had not been complied with at the end of the year through no fault of the proprietor and the certificate will be issued as soon as the necessary fire precautions arrangements have been carried out. The latter applicant had previously been registered in respect of other premises before she moved to her present premises.

One certificate of registration was surrendered as the proprietor of a Home was unable to continue to run the Home owing to ill-health.

Routine visits of inspection were made to premises in respect of which certificates of registration had been issued and where necessary the attention of the proprietors was drawn to matters concerning the care and safety of the residents.

Diversional Therapy for Old People in their own Homes

As mentioned in my previous report the British Red Cross Society with financial assistance from the County Council render valuable work in providing suitable forms of diversional occupations for old people in their own homes as an aid to their recovery in health or general well-being after illness or treatment in hospital.

During the year under review 19 cases were assisted in this way as compared with 16 cases during the previous twelve months.

Applications for Provision of Residential Accommodation

The steady increase in the number of persons applying for admission to residential accommodation provided by the County Council under Part III of the National Assistance Act 1948 shown in previous years was maintained in the twelve months ended the 4th July 1952 when the total number of applications dealt with amounted to 725. The number dealt with during each of the previous years since the Welfare Section began to function is shown below :—

1948—49	424
1949—50	543
1950—51	641

I attach a statement to this report giving the age groups of the applicants for admission and the reasons for admission and non-admission as the case may be.

An examination of this statement reveals that 213 people living alone (Category 1) entered the Council's welfare accommodation during the twelve months ended the 4th July 1952 as compared with 204 during 1950/51. The figures for 1949/50 and 1948/49 were 137 and 96 respectively.

The figure for 1951/52 against category 2, namely 100, is an increase of 14 over the figure of 86 for 1950/51. In 1949/50 the figure was 74. In attempting to assess accurately the factors responsible for this steady increase I cannot justifiably point to a growing reluctance on the part of the relatives to accept responsibility for their aged parents as being the main reason. There have certainly been some cases where the presence of an aged person has been the cause of friction in the household with a consequent deleterious effect on the well-being of the old person which has led to an application for welfare accommodation. It has also been found that some applications are received in circumstances where the man and the wife of the household in which the old person was living both went out to work and consequently did not feel able to give their aged relative even the minimum care and attention required. In a number of cases the care of an aged parent had

genuinely become too great a strain on the relatives or perhaps it was that the room was required because the relative's family were growing up. In the main however I am convinced that the real reason for the increase in applications is due generally to a growing awareness of the services provided by the County Council for old people coupled with the fact that most old people do not like being a burden in any way on their relatives and there is also less reluctance nowadays to enter the new type of Home provided.

This year, as last year, assistance was provided through the Home Help Service in all cases where this was sufficient to enable the old people to remain in their own homes (Category 3). As shown in (c) of the statement 11 old people were assisted in this way.

Categories 4 and 5 call for no comment.

With regard to category 6, the number (79) of persons dealt with shows a substantial increase over the number (40) for the corresponding period in 1950/51. The number dealt with in 1949/50 was 48 but as many as 93 were admitted in 1948/49.

With regard to category 7 the following figures show that during the year there has been a slight decrease in the number of families provided with temporary accommodation.

				<i>Women</i>	<i>Children</i>	<i>Total</i>
1948/49	..	..	..	15	19	34
1949/50	..	..	..	41	43	84
1950/51	..	..	..	40	60	100
1951/52	..	..	..	34	90	124

As indicated in my previous report it was possible to make use of Three Springs Isolation Hospital, Pershore, for the temporary accommodation of homeless families from the beginning of February 1952. This released the ward at Avonside Hospital, Evesham, formerly used for these families for the provision of much needed ground floor accommodation for elderly and infirm women. In general the question of dealing with homeless families gives great concern. Most of the families are of the type who do little or nothing to help themselves; with few exceptions they have been evicted through their own fault and because of reluctance perhaps understandably on the part of housing authorities to allot them council houses they tend to remain 'temporary' residents for some considerable time. It is usually found that the better type who, through no fault of their own, have been rendered homeless for the time being, are not long in finding alternative accommodation.

Strictly speaking it is not the responsibility of the County Council, under Section 21(b) of the National Assistance Act 1948, to provide accommodation for the majority of the families as their need for accommodation has not arisen in circumstances which could not reasonably have been foreseen, and it is only after every effort has been made to assist them to find other accommodation and as a last resort that they are provided with temporary accommodation.

Towards the end of 1952 a district Council who had been offered some sub-standard huts for housing accommodation at a hostel for agricultural workers no longer used by the Ministry of Agriculture and Fisheries approached the County Council about taking over some of the huts surplus to the district Council's requirements. It was considered that these huts would provide more suitable accommodation than that at Three Springs Hospital, where the families had to be separated because of the communal sleeping arrangements, husbands not being allowed to sleep on the premises, and in the circumstances the use of the huts was agreed in principle. Various government departments are concerned and discussions have taken place with them and the district Council about the administrative and financial details involved but little progress had been made at the time of writing this report.

The remaining portions of the statement call for little comment. An increasing number of applications were received from persons who were found to require more nursing attention than it was possible to give them in the Council's Homes and arrangements were accordingly made for their admission direct to hospital. There was a slight decrease in the number of applications refused or withdrawn for various reasons with a similar decrease in the total number of persons not admitted compared with the total number in 1950/51. I would again emphasize this year as last year that in no case was a person in need of more care and attention than they could get in their own home refused admission to a County Home if they were considered by their doctor as being suitably qualified to enter a Home.

Welfare of the Blind

The total number of blind persons on the County register at the 31st December 1952 was 514, of whom 246 were males and 268 females. The number over 50 years of age was 401 and only 30 were under the age of 16 years, there being 3 under five years of age.

The number of blind persons employed was 68, of whom 16 were in the Birmingham and Stourbridge Workshops for the Blind and 24 in the Home Workers' Scheme. The remaining 28 were employed in sighted industry.

During the year the Home Teachers employed by the County Council made 5,795 visits to blind persons as compared with 5,755 during the previous year.

The Worcestershire Association for the Blind continued to co-operate in maintaining the service generally on the lines followed in previous years. There was, however, I am pleased to say, considerable progress made by the Association in covering the social needs of blind persons by the formation of branches at Evesham, Halesowen, Kidderminster, Malvern, Oldbury and Redditch. The parent Association makes grants to these Branch Committees to enable them to deal with cases of blind persons in their area. A large portion of the County is covered in this respect and it is hoped that the whole of the County will be covered in due course.

It is with great regret that I have to refer to the resignation of Miss E. M. Mence as Honorary Secretary of the Worcestershire Association for the Blind, particularly so as it was on account of illness which led to her decision to give up the work. The time during which I had been associated with Miss Mence was comparatively a short one but she had for very many years worked on behalf of the blind of the County and in supervising the work of the Home Teachers. The Welfare Sub-Committee have expressed their appreciation of her work but I would like here to pay tribute to the excellent services she has rendered in promoting the welfare of the blind over a very long period.

The retirement of Miss Mence from this field of welfare work inevitably led to administrative changes and at the request of the Association the County Council agreed to the secretarial work being undertaken by a member of my staff.

Having regard to the number of registered blind persons in the County and to the fact that only three Home Teachers were available to cope with the work authority was obtained for the appointment of an additional Home Teacher.

Deaf, Dumb and Other Handicapped Persons

The outline schemes for the welfare of deaf and dumb persons and for other persons substantially or permanently handicapped by illness, injury or congenital deformity embodied in Ministry of Health Circular 32/1951 were duly considered by the Worcestershire Advisory Committee on the Welfare of Handicapped Persons as envisaged in my last report. The Committee also considered a draft scheme for the welfare of partially sighted persons which provided for such persons a service with certain necessary modification on the lines of that approved by the Ministry of Health for blind persons. The Committee decided to put these draft schemes forward for the approval of the Welfare Sub-Committee.

Generally, as in previous years, all cases of handicapped persons coming to my notice were assisted to secure the help and treatment best suited to overcome the effects of their particular disabilities and the assistance of voluntary organisations was sought when deemed necessary.

Invaluable assistance was again rendered during the year by the Worcestershire and Herefordshire Association for work amongst the Deaf in looking after the welfare of deaf and dumb persons in Worcestershire on behalf of the County Council.

Civil Defence—Welfare Section

The Welfare Division is responsible for organising the welfare section of the Civil Defence Service which involves amongst other things the provision of Rest Centres for housing homeless persons in an emergency and the registering and training of recruited personnel. At the end of 1952 the number of premises, including many schools, officially earmarked as rest centres was 173 together with 13 premises earmarked as assembly and clearance stations. The number of volunteers required to man the rest centres is estimated at 3,226. Only 633 were recruited at December 1952 although this number is a considerable improvement on that earlier in the year, and it is hoped that the 1953 recruitment campaign will maintain and stimulate the steady increase in volunteers which has been apparent during the last few months of 1952.

Mention must be made of the very valuable service which is being given by the W.V.S. in assisting with the training of the rest centre personnel in various parts of the county.

APPLICATIONS FOR PROVISION OF RESIDENTIAL ACCOMMODATION
PERSONS ADMITTED DURING PERIOD 5/7/51 TO 4/7/52 INCLUSIVE

79

CAUSE OF ADMISSION	AGE GROUPS										Total
	0-15	16-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	
1. Aged and infirm living alone in need of care and attention not available to them other than in a residential home.						1 (2)	54 (41)	97 (101)	59 (58)	2 (2)	213 (204)
2. Aged and infirm living with friends or relatives who for one reason or another were unable to continue looking after them.						(2)	15 (21)	48 (38)	36 (24)	1 (1)	100 (86)
3. Aged and infirm whose need could have been met if some form of domestic assistance could have been provided.											— (—)
4. Physically or mentally handicapped persons who for one reason or another were unable to remain with relatives or friends with whom they ordinarily resided.		3	2 (2)	4	13 (12)	14 (22)	4	1 (1)			41 (37)
5. Aged, infirm or physically or mentally handicapped persons who because of illness or holiday of friends or relatives with whom they ordinarily resided were provided with temporary accommodation (Short stay cases).						1 (1)	(2)	1	3 (4)	1	6 (7)
6. Homeless persons in need of care ; e.g. expectant mothers (married and unmarried), mothers with children (married and unmarried).	31 (20)	6	22 (8)	9 (12)	3	8					79 (40)
7. Persons who in consequence of eviction from their home or lodgings were provided with temporary accommodation, the local housing authority being unable to meet their needs.	90 (60)	1	15 (17)	11 (9)	3 (5)	3 (3)	(1)	1 (5)			124 (100)
8. Persons who in consequence of fire or flood had lost their home and were provided with temporary accommodation.											— (—)
TOTAL ..	121 (80)	10 (—)	39 (27)	24 (21)	19 (17)	27 (30)	73 (65)	148 (145)	98 (86)	4 (3)	563 (474)

206 (167) of the above cases, whilst falling within categories 1, 2, 4, 6 and 7, were admitted to residential accommodation direct from Regional Hospital Board establishments after every avenue had been explored with a view to the persons concerned being re-established in their normal family life.

PERSONS NOT ADMITTED

REASON FOR NON-ADMISSION	0-15	16-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-99	Total
(a) Relatives or friends persuaded to care for them.	2 (1)	(1)	2					(1)	(1)		4 (4)
(b) Assisted in finding alternative accommodation.	9 (13)		4 (10)	1 (5)	(2)	(1)	1 (1)	(1)			15 (33)
(c) Arrangements made for assistance to be provided through the Home Help Service.					1	1	1	6 (5)	2 (5)		11 (10)
(d) Applicants found to be too ill to be admitted to residential accommodation and arrangements made for their admission direct to Hospital.	1		1	(1)			2 (1)	6	10	(1)	20 (3)
(e) Applications refused or withdrawn for various reasons.	24 (23)	1 (2)	11 (8)	7 (14)	4 (10)	5 (7)	11 (14)	28 (22)	20 (17)	1	112 (117)
TOTAL ..	36 (37)	1 (3)	18 (18)	8 (20)	5 (12)	6 (8)	15 (16)	40 (29)	32 (23)	1 (1)	162 (167)

NOTE : Figures in brackets are for year 5.7.50 to 4.7.51 and are shown for comparison.

Venereal Diseases

Since the 5th July 1948, the County Council has ceased to be responsible for providing treatment for cases of venereal disease. The following table has been compiled from information supplied by the various hospital treatment centres.

Treatment Centre	Number of Worcestershire cases			
	Syphilis	Gon.	Not V.D.	Total
WORCESTER - -	15	16	71	102
KIDDERMINSTER - -	14	18	62	94
BIRMINGHAM - -	16	28	105	149
DUDLEY - -	1	12	13	26
STOURBRIDGE - -	7	4	20	31
Totals, 1952	53	78	271	402
1951	54	44	259	357
1950	42	52	279	373
1949	68	98	311	477
1948	105	111	350	566
1947	104	142	450	696
1946	126	226	592	944
1945	88	140	675	903
1944	93	70	555	718
1943	114	129	661	899
1942	94	135	517	746
1941	58	99	304	462
1940	55	126	241	422
1939	33	83	237	353
1938	48	138	187	373

APPENDIX I.

WORCESTERSHIRE COUNTY COUNCIL

*Special Survey of Local Health Services
provided under the National Health Service Act*

In Circular 29/52 dated 19th August 1952 the Ministry of Health stated that as some years experience was now available on the working of these Services it would be advantageous to central and local administrations if a special survey was made of the Services as existing at the end of 1952 with the general review of their working as part of the wider National Health Service and particulars of the nature and results of the steps taken locally to link them up with the other parts of the National Service.

In accordance with the Ministry's request the following information is given by means of a typed copy which the Minister has asked to be submitted to him by the 28th February 1953.

The information given will be incorporated as part of the Annual Report of the County Medical Officer of Health for the year 1952.

GENERAL

I. *Administration*

The County Council, as the Local Health Authority, have delegated their powers and duties under the National Health Service Act to the Health Committee who, in turn, have delegated certain duties and functions to six sub-committees namely :—

Public Health Sub-Committee

Mental Health Sub-Committee

Ambulance, Prevention and After-Care Sub-Committee

Maternity and Child Welfare Sub-Committee

Welfare Sub-Committee

Finance and General Purposes Sub-Committee

The administrative control is exercised by the County Medical Officer who is assisted by a Deputy County Medical Officer and a Senior Medical Officer for Maternity and Child Welfare. The Senior Medical Officer is directly responsible for a Superintendent of District Nurses and Deputy Superintendent of District Nurses, Superintendent Health Visitor and Deputy Superintendent Health Visitor and a Non-Medical Supervisor of Midwives. With the exception of the Superintendent Health Visitor these officers have been appointed since the National Health Service Act came into operation on the 5th July 1948.

There are two area sub-committees, one of which covers the Borough of Oldbury, and the other the Boroughs of Bewdley and Kidderminster, the Stourport on Severn Urban District and the Kidderminster and Tenbury Rural Districts.

When the two area sub-committees were set up in July 1948, the respective constitutions were fixed by the County Council as follows :—

(a) *Kidderminster*

Representatives of the five district councils numbered 7 (3 from the Borough of Kidderminster and one from each of the other four districts) with seven representatives of the County Council among whom were the Chairman and Vice-Chairman of the County Council and the Chairman and Vice-Chairman of the Health Committee as ex-officio members.

(b) *Oldbury*

Six representatives were appointed by the Borough Council and six by the County Council, among the latter being the four ex-officio members mentioned above.

It was decided that in both areas the constitution should be reviewed at the expiration of two years and any alterations made in the light of circumstances then existing.

When the matter was reconsidered in 1951 the Health Committee expressed the opinion that it was too early to reach a final decision about the usefulness of area administration and on their recommendation the County Council decided that the two area sub-committees should be reconstituted for a further period of two years.

The only alteration made was that, in the case of the Kidderminster Area Sub-Committee, the number of representatives appointed by each of the four authorities other than Kidderminster Borough Council, should be increased from one to two.

In the Kidderminster area, the Assistant County Medical Officer (who is also District Medical Officer of Health) acts as Divisional Area Medical Officer, with the Assistant County Medical Officer for the other four authorities (who is also Medical Officer of Health for those authorities) acting as his deputy.

At Oldbury, the Medical Officer of Health who is also a member of the County Medical staff, acts as Area Medical Officer.

The duties of these area sub-committees have been decided in great detail by the County Council but may be summarised as referring to the day to day administration of the health service. In addition the area sub-committees undertake the work of the school health service.

The functions delegated are :—

- (1) Power to incur, on behalf of the Council, expenditure for the objects and to the extent authorised in their estimates as approved from time to time by the Council.
- (2) Power to appoint (and in appropriate cases suspend or dismiss) such staff (other than professional staff) within the establishment approved by the Council, as is required for the purpose of conducting the services administered, through the sub-committee, provided the basic salary attaching to such appointment does not exceed the maximum of the general division of the national scales of salary.

- (3) The maintenance (subject to the terms of any agreement in the case of property on hire and subject to the reference of major items to the County Architect) of the property provided by the Council for the services administered through each Area Sub-Committee and not maintained by voluntary organisation, including minor improvements.
- (4) Any other functions which the Health Committee think fit to delegate to an Area Sub-Committee.

Reports are made periodically by section officers to the Oldbury Area Sub-Committee on matters of interest to them namely the ambulance, mental health, and welfare services. These are for information, discussion and recommendations but not for action as these services are not decentralised to Area Sub-Committees. The Area Sub-Committee for Oldbury, which is a compact unit, is functioning satisfactorily; in the other area (Bewdley and Kidderminster Boroughs, Stourport on Severn Urban and Tenbury and Kidderminster Rural Districts) the County Council have agreed to extend the experiment for a further twelve months.

The work in connection with vaccination and with diphtheria immunisation is partly decentralised under the control of District Medical Officers of Health to whose authorities a payment is made by the County Council for the clerical work involved.

The ambulance service is not decentralised but the needs of the county areas adjoining the boundaries of the City of Worcester are covered by the Worcester City and District Voluntary Ambulance Committee on an agency basis.

In all other respects the administration of the Local Health Authority's services is centralised in the Health Department at the County Buildings.

2. Co-ordination and co-operation with other parts of the National Health Service

The following memorandum by the County Medical Officer was submitted to, and approved by the Health Committee in December 1952.

Under the National Health Service Act the general nature of the problem of co-operation in the National Health Service is well known. The service is administered through three separate statutory branches: the hospital service through regional hospital boards and hospital management committees and the boards of governors; the general practitioner service through executive councils; and the local health services through local health authorities. These three main branches are co-ordinated at the national level by the Ministry of Health, advised by the Central Health Services Council and the Standing Advisory Committees. But below the national level there is no executive and except for isolated instances no advisory co-ordination.

It is unreasonable to look for perfect co-ordination in so vast a concern as the National Health Service. Over half a million people are engaged in the service. It is the third largest concern in the country. Many organisations which have a much more unitary structure and a more strictly utilitarian purpose have suffered from their own severe problems of internal organisation and have to examine in the same way the relative advantages of geographical and departmental devolution. All concerns which surpass the grasp of one individual reveal difficulties of internal co-ordination and integration. The central planning staff can do a certain amount but the greater the delegation to the periphery, the greater the problem of maintaining internal cohesion.

As a result of a report issued by the Central Health Services Council which has met on many occasions to discuss this matter, a recommendation was made by that Council that the Minister should inform all authorities concerned of the general nature of the Council's recommendations and that he should invite each Regional Hospital Board to take what it deems to be the most suitable steps to further co-operation of the health services in each region having regard to its special problems and needs.

One of the main recommendations of the Central Health Services Council was to establish standing joint liaison committees and that in their opinion the best committee would be a joint health consultative committee for convenient area grouping of local health authorities, executive councils and hospital management committees. The area to be covered by this committee should be decided regionally to suit local circumstances. Its functions would be to discuss local arrangements of mutual concern, to receive information and major developments contemplated by member authorities and to suggest, if thought necessary, modifications thereof to the responsible executive authority. Following this recommendation the Minister invited the regional hospital boards to call regional conferences. The Birmingham Regional Hospital Board's conference took place in Birmingham on the 7th October and whilst not agreeing to the direct recommendation to establish these Joint Health Consultative Committees the Conference accepted with loud acclamation the general inoffensive omnibus motion outlined in the agenda.

On the whole there is a reasonably satisfactory method of co-operation in Worcestershire even though we have to deal with four separate hospital management committees. Many of the members are members of the County Council Health Committee and some of the Health Sub-Committees and also of one of the four Hospital Management Committees and of the Executive Council.

It is worthy of note that Mr. Parkes, the Chairman of the main Health Committee and the Public Health Sub-Committee is Chairman of the Mid-Worcestershire Hospital Management Committee; Mr. Melsom, Vice-Chairman of the main Health Committee and Chairman of the Oldbury Area Health Committee is Chairman of the Executive Council and Mr. Parker, the Chairman of the Welfare Sub-Committee is a member of the Regional Hospital Board and many County Councillors are Chairmen of Hospital House Committees. I myself attend meetings of the Executive Council and the Mid-Worcestershire Hospital Management Committee and also the Local Medical Committee which is a committee composed of general practitioners in the county.

Over and above this there is a good officer relationship between the three main bodies and the difficulties and deficiencies in the new Health Act itself are overcome by this understanding of co-operation and reasonableness at officer level. This is not so in all parts of the country and I think the Worcestershire Local Health Authority is fortunate in that so many county councillors on the health committee are prepared to devote their time and are interested in the general practitioner services (Executive Council) and the hospital services.

From the long report issued by the Central Health Services Council I think perhaps the conclusion of the "Detailed Need" (paragraph 26) is worth quoting and sums up the chief criticism in the present arrangements :—

"From the foregoing mass of detail, two problems stand out: the use of hospitals and the provision of new hospital beds. Local health authorities and general practitioners want their views on these in particular to be considered by the hospital boards and resent the making of decisions of which they are not even informed."

The split in the control and direction of the tuberculosis service and midwifery service is to be deplored and the arrangements for the admission of infectious disease cases to hospital since this passed from the control of the Medical Officer of Health is to say the least somewhat chaotic.

I do not see any necessity in Worcestershire to set up any special co-ordinating body—we have enough committees already—Points of difficulty can be thrashed out by the officers concerned who would submit agreed recommendations after discussion, if necessary, with members, to their own authority whether it be the Executive Council, the Hospital Management Committee, or the County Council.

Where main principles affecting one area or section are involved, *members* of the appropriate authority, accompanied by their officers, can always meet; and, as is usual with goodwill on either side, agreement is invariably reached.

An extremely valuable source of co-operation is provided by the arrangement whereby all the District Medical Officers of Health (except the Medical Officer of Health for the Boroughs of Halesowen and Stourbridge) are also Assistant County Medical Officers.

The Local Health Authority effects liaison between the various branches of the National Health Service by means of membership (either members of the County Council or the County Medical staff) of Hospital Management Committees, the Worcestershire Executive Council and the Local Medical Committee.

Arrangements exist for liaison with hospitals on the discharge of patients so that any necessary after-care can be given by the district nurses. In some hospitals notification leaves much to be desired both in details of after-care and the time that elapses between the date of discharge and the date any information is received in the Health Department from the hospital; whilst in other hospitals adequate information is supplied before or immediately after discharge. Health visitors provide, at the request of hospital almoners, information as to the home conditions of patients so that consideration may be given to the possibility of early discharge from hospital.

In two Hospital Management Committee areas the booking of cases for admission to maternity homes (with the necessary preliminary enquiries relating thereto) are undertaken by the Health Department. In a third Hospital Management Committee area the enquiries into social conditions are made by the Health Department and the information supplied to the Management Committee: this arrangement enables all bookings to be fully controlled by a bed bureau which is functioning in this area.

An arrangement exists for medical officers to accompany a Consultant paediatrician on his clinical rounds at hospitals. This provides an opportunity which the county medical staff is glad to take in order to see infants and children actually under treatment in hospital.

A handbook of health services available in the county is being prepared and will be issued to general practitioners and organisations throughout the county at an early date.

3. *Joint Use of staff*

Very little use is made of general practitioners in connection with the Local Health Authority's work, this being confined to the services of general practitioners at a few child welfare clinics.

Whilst some District Nurse/Midwives attend at special sessions held at the surgeries of general practitioners, it is not a practicable proposition in vast rural districts, where public transport is almost absent and where there may be an "arrangement" (not a partnership) between two general practitioners who between them "cover" a wide area. Nevertheless the District Nurse/Midwives may on occasions take two or three cases to a general practitioner at his surgery for examination by special appointment.

Greater use of the district nurse is now made by general practitioners in both urban and rural areas.

The only consultants in the service of the Regional Hospital Board who are employed by the Local Health Authority for part time work are the Ophthalmologists (who are engaged in the School Health Service), the Psychiatrist, who works as part of the Child Guidance team, and the Chest Physicians, 9/11ths of whose time is given to Regional Hospital Board work the remaining 2/11ths being for the prevention and after-care work which is the responsibility of the Local Health Authority.

Only one member of the county medical staff is employed in the work of the Regional Hospital Board, this being a medical officer who is the occasional deputy for the Medical Superintendent of the Hayley Green Isolation Hospital at Halesowen and acts for him during periods of sick or annual leave.

4. *Voluntary Organisations*

The introduction of a National Health Service has not dispensed with the necessity or the desirability of voluntary organisations, who are able to work in ways outside the scope of the Local Health Authority's services. Examples of the assistance given are as follows :—

Women's Voluntary Services. The organisation of the Home Help Service throughout the county is undertaken by the W.V.S. to whom a grant in aid of central and district administration is made by the County Council. There is close co-operation between the Health and Finance departments and the W.V.S. in this arrangement which has proved both efficient and economical.

St. John Ambulance Brigade and British Red Cross Society. These two organisations maintain medical comforts depots all over the county, an annual grant being made by the County Council for the provision and renewal of the various types of medical equipment. The equipment is issued on loan to patients on payment of a small deposit which is refunded on the return of the articles.

Diocesan Association for Moral Welfare Work. The very difficult work of dealing with the unmarried mothers and their children and married women with illegitimate children is dealt with in conjunction with this organisation whose funds are assisted by the County Council.

County and District Nursing Associations. Although the direct responsibility for district nursing was transferred to the County Council on the 5th July 1948 the work of the County and District Nursing Associations which had built up over a period of years a very valuable and comprehensive voluntary organisation, was considered to be so important that it should be retained. The loss of full financial responsibility for the work has meant a possible lessening of local interest but because of their knowledge of the conditions in the area there is much that local associations can do to maintain the efficient working of the district nursing service, and to ensure the comfort of the nurse and to see that her housing and other conditions are such that her standard of work is not affected by circumstances which militate against efficiency.

Voluntary Committees of Child Welfare Centres. These Committees are very helpful in ways which are outside the scope of the Local Health Authority and the work they do has been of great assistance in providing amenities for the comfort and welfare of the patients who attend the centres.

Voluntary assistance covering many types of work is also given by the Salvation Army (in the hop fields) the N.S.P.C.C. (whose help in dealing with difficult families and neglected children is invaluable) Family Planning Association, the Worcestershire Federation of Women's Institutes (who have made voluntary funds available for clothing in necessitous maternity cases) the Worcestershire Association for the Blind and the Herefordshire and Worcestershire Association for work amongst the deaf.

General. A bare recital of the work undertaken by voluntary associations in the county is not sufficient to indicate their great advantage to the Local Health Services. Without this assistance the service would be less complete or would need to be augmented in a more formal way by the County Council with a consequent financial liability. Quite apart from the financial aspect the retention of the voluntary spirit shown by these organisations effects leavening of the more formal atmosphere which is bound to exist in an official scheme no matter how sympathetically administered.

PARTICULAR SERVICES

5. *Care of Expectant and Nursing Mothers and children under school age.*

Ante Natal Clinics are provided by the County Council where expectant mothers can attend for routine examinations by a doctor, or relaxation exercises, and mothercraft training.

In spite of a large drop in the numbers attending, as forecast in the Annual Report for 1951, a certain change of use of these clinics has taken place. 18 full time ante natal clinics are maintained but two combined clinics (where ante natal patients were seen at an infant welfare clinic) have been closed because of the difficulty of running such combined clinics in village hall premises.

Midwives Clinics. Midwives in urban areas have been encouraged to invite their patients to attend sessions at the local health authority clinic premises where they can also benefit from the other services available. In addition seven general practitioners hold their own ante natal clinics at which County Council midwives assist whilst in some of the more rural areas the midwives hold an ante natal clinic in their own homes. The need for attendance of medical officers at the child welfare clinics is diminishing and these can become, primarily, centres for midwives and health visitors to meet, at a time where mothercraft training can be instituted on a co-operative basis. At present classes have been initiated on a trial basis in one area but it is difficult to ensure regular attendance owing to the mothers other commitments.

Blood Tests are carried out at ante natal clinics. General practitioners are encouraged to use the facilities offered for this purpose. From January 1950, midwives have been instructed to ensure that all patients have a blood sample taken as a routine. In that year 946 tests were carried out and 950 in the year 1951.

Unmarried Mothers. Arrangements for the care of unmarried mothers are undertaken by the Worcester Diocesan Moral Welfare Association on behalf of the County Council though some areas on the periphery are covered by workers from adjoining dioceses. Frequent use is made of mother and baby homes provided by Voluntary Associations. All cases are dealt with initially by the Diocesan Moral Welfare Association, on behalf of the County Council, and when necessary are referred by them to workers of the patient's denomination. The help given includes both practical assistance and advice. When necessary, accommodation can be found before and after confinement and hospital admission arranged through the usual booking channels.

Relaxation Exercises. Relaxation classes are now available at seven centres and are gradually extending. Midwives attend for training at these centres. The attendances of expectant mothers numbered 363 in 1952.

Invitations were issued to many general practitioners to these demonstrations and many attended.

Consultant Clinics. There have been changes in the Regional Hospital Board arrangements. The county is served by four Hospital Management Committees and each area now has a different consultant who is co-ordinating arrangements in his area. This has meant an extension of consultant clinics, making them more easily accessible to the public, and an improvement in the arrangements for help in emergencies on the district, although shortage of staff still prevents the institution of a full "flying squad" service.

Ante natal co-operation card. In the Oldbury Divisional Area a meeting of general practitioners in the area was held in January 1952 to consider the introduction of an ante natal co-operation card. All the 26 doctors present at the meeting agreed to co-operate in the scheme.

Discussions are now taking place to bring into use an ante natal clinic co-operation card which can be used for hospital, as well as domiciliary, cases throughout the County. The suggested card is an improvement on the Birmingham Regional Hospital Board ante natal card and incorporates amendments suggested by a committee which included consultants, general practitioners, and assistant county medical officers.

Supply of maternity outfits. Maternity outfits are supplied for all domiciliary confinements. These outfits can be obtained either from county clinics or the midwife concerned.

Child Welfare. The advice to parents on the routine care of children under 5 years of age is the responsibility of the health visitor and most of her work is carried out in the homes on her routine visits. An important supplementary service is the child welfare centre of which there are at present 83 in the county. In the rural areas with scattered populations, individual village centres are uneconomical from the point of view of staff and expenditure as the maximum attendance is very small, but with the use of the mobile clinic (ambulance vehicle transporting mothers and children from the periphery to one centre) a satisfactory service can be provided. Eleven of these centres are now in operation. In the areas without such provision some of the nurses have organised small weighing centres in houses or halls which have formed the nucleus from which a centre eventually has grown.

The facilities available in child welfare clinics are still variable and limited in some cases by lack of equipment or unsuitable premises. Baby weighing is carried out at all centres. Difficulty has been experienced because of the long delay in the delivery date of suitable scales for the weighing of toddlers. Medical Officers attend the centres to advise the mothers and carry out routine medical examinations and are assisted by health visitors. At some centres diphtheria immunisation is undertaken. In some centres play corners are available for the children, and in all cups of tea are available as an amenity provided by the voluntary workers independently of the County Council.

Organised education, arranged by the health visitor, in the centres is available in some areas and includes demonstrations, discussions and talks, and until recently occasional film shows. These latter, provided by the Central Office of Information film unit, were invaluable but since the cessation of the service no substitute has yet been found.

Paediatrics. Since 1946 a consultant has been appointed to serve two Hospital Management Committee areas. There is now a paediatric unit available in each of these. The paediatrician is also paediatrician on behalf of the County Council and there is consequently close co-operation in the transmission of information about children under his care. As mentioned previously, a monthly round is held in one paediatric unit which Assistant County Medical Officers attend. In the north there is no paediatric service available and cases have to attend the Birmingham hospitals.

Other facilities. So far as is known no general practitioners carry out child welfare clinics on their own premises and therefore no requests for the attendance of a health visitor have arisen.

Extent to which used. In 1946 there were 59 child welfare clinics in the area at which 6863 children attended during the year. By the end of 1951 there were 79 child welfare clinics including 9 'mobiles' and the number of children attending during the year was 11264. Total attendances increased from 56698 to 78188 in those years.

Care of premature infants. The County Council provide premature baby outfits, including cots and clothes, and oxygen can be borrowed for use in the home. In certain cases, at the request of the general practitioner, arrangements are made for admission to a premature baby unit (Birmingham). Routine follow up visits are carried out by health visitors.

It is hoped that a premature baby unit will be opened in the new maternity unit at Ronkswood Hospital, Worcester, which will be much more convenient for a large part of the county.

Supply of Dried Milks etc.

(a) *Distribution.* The distribution arrangements throughout the county for Ministry of Food national dried milk and vitamin supplements vary in the different Food Office areas, but whenever possible child welfare and ante natal clinics are used as distributing centres. Ministry of Food supplements are available at certain ante natal clinics; this issue can be extended to every clinic.

During the war years many district nurse/midwives undertook responsibility for this distribution in their area and rendered very good service to mothers who found it difficult to obtain supplies in areas with poor communications. It is felt, however, that in many instances this has taken up quite a lot of time and with the present shortage of trained staff it is important that such time is not taken from that available for their nursing duties. The Food Office has been most co-operative in trying to make alternative arrangements in these areas.

(b) *Other foods.* The majority of child welfare clinics maintain a small stock of foods such as baby cereals and prepared vegetables, fruit and soup in addition to proprietary dried milks. The demand for these latter is now very small owing to the popularity and cheapness of national dried milk, but the saving to the mother by buying them in clinic packets is considerable. In cases where special foods are required for premature or ailing babies a supply is usually obtained through the central office where a stock is maintained. Each clinic may order these special foods as required, the buying and selling being independent of the Council, except that the margin of profit is regulated.

(c) *Medicaments.* The supply of certain substances to mothers or children attending the local authority clinics is free in Oldbury when recommended by the medical officer of the clinic. Among these are included vitamin supplements (vitamin B, calcium and vitamin D preparations) and an iron preparation. In the remainder of the county they have been provided at cost price with an added administrative charge of 1d in the 1/-.

In all these sections (a), (b) and (c) a difficulty in some of the rural areas is the fact that centres only open once monthly. It is common for alternative arrangements to be available for obtaining all these substances in such areas and the clinic only provides a supplementary service.

Dental Care. Owing to the great shortage of staff it was not possible at the beginning of the year for the County Dental Officers to carry out treatment for nursing and expectant mothers though inspection and treatment of pre-school children was carried out in the residential nurseries and treatment was given to such cases referred by the medical staff.

Towards the end of the year the County Council approved the principle of the Dental Officers attending to nursing and expectant mothers at additional evening sessions and plans were made to put this arrangement into effect early in 1953.

Other provision. Vacancies have been obtained for expectant mothers to go away for convalescence under Section 28 and for mothers and children to have a holiday together, either for recuperative convalescence or for training. This provision is most useful with a young inexperienced mother who is not well enough to manage a home and new baby immediately after leaving hospital and who would benefit from a period of two or three weeks when, with the certainty of undisturbed nights, she can care for the baby under supervision with the growth of a gradual acceptance of responsibility.

6. *Domiciliary Midwifery*

In the urban areas, full time midwives or district nurse/midwives are employed, while in the rural areas the district nurse/midwife is also the health visitor. In the past few years, midwives have complained of the decline in the number of domiciliary midwifery cases. This is due to a variety of reasons apart from medical complications; perhaps the chief is the shortage of satisfactory housing accommodation and also, no doubt, many are influenced by the financial saving effected by the mother having her baby in hospital. In consequence of this severe drop, in some instances to as low as 25—30 per annum, some full time midwives have undertaken combined district nursing/midwifery work. A recent innovation is the use of midwives instead of health visitors in visiting applicants for hospital beds whose home conditions are said to be unsuitable.

Supervision of Midwives. Previous to 1948, supervision of midwives was carried out by the Assistant County Medical Officer in each area. Since then all routine supervision has been taken over by the Non-Medical Supervisor of Midwives. Routine visits are paid by this officer to county domiciliary midwives, at least every six months, for inspection and discussion of points of difficulty in addition to any visits in the ordinary course of supervisory duties. Midwives in private practice are visited at least twice per year. Midwives in institutions, *e.g.* nursing homes and hospitals, are not visited as a routine but the Non-Medical Supervisor is in regular communication with these units to which periodic visits for general discussion are paid by the Senior Medical Officer for Maternity and Child Welfare and the Non-Medical Supervisor.

Medical supervision of midwives is under the Assistant County Medical Officers. Visiting of maternity homes is carried out by the Assistant County Medical Officers, if necessary, in co-operation with the Non-Medical Supervisor of Midwives.

Additional visits or discussion take place in routine enquiries into cases of puerperal pyrexia, ophthalmia neonatorum and still births.

Analgesia. Out of 100 midwives 98 are qualified to give gas and air analgesia and machines are available in all cases. If the midwife has no car, special arrangements are made when necessary, for the transport of the apparatus to the patient's house. Cylinders are replaced from depots where regular servicing of apparatus is also carried out. Many doctors now use trilene and midwives in their areas have experience in its administration under medical supervision.

Ante Natal Supervision by Midwives. Midwives are expected to encourage mothers to book early, for ante natal care, both with a midwife and doctor. The accepted routine is one of monthly examination up to the seventh month, then fortnightly, and eventually weekly from the 36th week. In the case of any abnormality, examination will of course be as frequent as the patient's condition demands. In occasional cases, where the midwife is only acting as a maternity nurse, she is expected to ensure that the patient has made adequate preparation for home confinement and is attending her doctor for regular examination. In either category she is

prepared to advise the mother about preparation for confinement and in the care of herself before and herself and baby afterwards. Advice on layettes, cots, prams, diet and minor troubles of pregnancy are available to every mother. In all cases booked for home confinement the midwife is instructed to persuade the mother to book a doctor and to work in close co-operation with him.

Admission to maternity hospitals. The County Council is at present responsible for hospital bookings throughout the area. At one hospital bookings on medical grounds are made immediately but in the rest of the area these are confirmed by the consultant concerned. All applications except in the Oldbury Divisional Area, come to the County Council. Those where medical grounds for booking are obvious are accepted for admission ; in doubtful cases confirmation is sought from the general practitioner attending the case. In all other cases a social report is obtained and this is used as a guide when these applications are considered at the 20th week of pregnancy. Primiparas whose confinement is expected to be normal are booked at that stage if the demand is not too heavy, but in months of heavy bookings some early applicants may have to be refused if their physical and environmental conditions are otherwise normal. Special consideration is given to patients living in isolated county districts.

Refresher Courses for Midwives. Two vacancies each year are obtained for midwives to attend refresher courses ; in addition selected midwives attend courses held in premature baby units. As far as possible members of the staff attend a course each five years. There is an annual three day county refresher course (non-residential) which includes lectures on midwifery, district nursing and health visiting at which all county staff are expected to attend unless prevented by urgent duties.

Training of Pupil Midwives. The County Council maintains a Part II training home in Kidderminster, which accepts six students a year. A joint training scheme is about to be instituted in conjunction with the maternity unit at All Saints' Hospital, Bromsgrove, which will send out pupils for three months district experience with County Council midwives in three or four areas.

7. *Health Visiting*

Since 1948 the responsibilities of the health visitor have been greatly increased. This extension of her work has been gradual as appreciation of her usefulness became apparent, but it is now prejudicing her work in the two fields which were her chief concern. The home visiting of young children and expectant and nursing mothers is in many cases being reduced in frequency by other calls on her time, and some early increase of staff is becoming urgently necessary. Unfortunately, the supply is unequal to the demand and in many cases health visitors struggle conscientiously to cope with an ever increasing flood of work in which emergencies have to be dealt with and routine work falls behind. Especially undesirable is the decline in visiting of the older children and child welfare clinics are often the only means of supervising this group. It is important to safeguard the health visitor from too many clinics, to leave her free to visit the homes.

In 1946 there were 56 officers who were carrying out health visiting duties in combination with district nursing, although they did not possess the health visitor's certificate. This number has been gradually reduced to 39 at the end of 1951. Some members of the staff due to retire within a few years obviously do not wish to attend a long course of training at this stage of their professional career and in any case there is ordinarily an age limit for entrants to the examinations. In many instances the standard of work is high in spite of lack of organised training and these nurses continue in the work until their retirement. Where young nurses are carrying out combined work without this qualification, they are encouraged to go for training. If they are not interested in taking a health visiting course, transfers have been arranged to areas where this work is carried out by full time health visitors. It is difficult to free staff from their posts particularly now the course lasts nine months, unless adequate numbers of relief staff are available but whenever possible two or three are sent annually for training.

Health Visitor Training. This can be taken at Birmingham University where students during training are paid three quarters of a health visitor's salary and uniform allowance. Three to four students, when available, are sent each year. Alternatively, students can be accepted by the Queen's Institute of District Nursing either for the nine months course (at Bolton or Brighton) or for a combined thirteen months course including Queen's district training. On this health visitors course, students are paid a grant to cover the cost of training and subsistence. In each case students are asked to give a year's service after completion of training, which the acceptance of Queen's training, in addition, increases to two years.

Refresher Courses. The annual refresher course already mentioned under (6) is also available to health visitors. In addition, staff are sent to a residential course, if possible at intervals of five years ; and others are given leave of absence to attend other local courses, such as those held in neighbouring local health authority areas.

Transport. Unlike midwives, health visitors are not provided with County Council cars and therefore have to bear the cost of provision as well as tuition, if they are not qualified drivers. They are at a disadvantage when compared with district nurse/midwives, but have comparable arrangements to those of officers in other sections or departments who do not have such assistance. Interest free loans for the purchase of cars is made on a monthly repayment basis and mileage rates are according to national scales.

8. *Home Nursing*

The work of the district nursing service has materially altered with the increase of injection treatment. In some districts the aged and chronic sick provide a large volume of the work ; in others, many of this group seem to enter old people's homes and hospitals because arrangements for home care are difficult owing to a variety of reasons.

In the larger urban areas, full time district nurses are provided but in the remainder of the county, district nurse/midwives or district nurse/midwife/health visitors are employed.

In 1948, the staff employed by district nursing associations were absorbed into the county service. The district nursing associations were, however, encouraged to remain in being to supervise the welfare of the nurses and to advise the County Council on the nursing needs of the areas.

In many cases this responsibility included the provision of housing, furniture, etc. for the nurse, for which services the County Council paid annual grants. District nursing associations are grouped into areas, each one of which elects a representative to serve on the County Nursing Association's Executive Committee, a purely voluntary body. This committee meets quarterly to discuss matters of policy, and there is an annual meeting of the County Nursing Association when a speaker discusses some aspect of the work which is of general interest. There are only two areas in the county where the district nursing association ceased to exist although in many areas meetings are only held at long intervals. When any alterations or matters of importance are proposed district associations concerned are always consulted and the nurses maintain regular contact with secretaries of their respective associations, by monthly meetings. Many district nursing associations have small voluntary funds which are used to provide extra comforts for patients or special amenities for the nurses.

Nurses and general practitioners work fairly closely together. District nurses do much to relieve the general practitioner of unnecessary work and to add to the comfort of the increasing number of patients who are nursed at home, by that friendly interest given so willingly in addition to specialised nursing care.

The cases attended in 1951 were :—

		<i>No. of cases</i>	<i>No. of visits</i>
Medical —	—	— 4,892	115,125
Surgical —	—	— 2,394	36,622

No night nursing service, as such, is provided. In a county with rural areas such a provision is difficult to arrange, although the limitation of hospital beds available, especially for the chronic sick, seems to indicate that some provision may eventually be necessary. Night "sitters-in" have been arranged in a very few instances but in cases of emergency the district nurse has met the need until other provision could be made.

Refresher courses for district nurses are on the same lines as those for health visitors and midwives.

Training of District Nurses. Whenever possible, staff is not appointed without district training or experience. If this cannot be avoided, they are encouraged to attend a course of training, usually at one of the Queen's training homes, before commencing duty, and the County Council bears the cost of this training. Candidates are asked to serve for one year on the staff after benefiting from this arrangement. Staff on the districts are also given leave of absence to train under the same scheme.

9. *Vaccination and Immunisation*

In this county the greatest reliance is placed upon a system of personal persuasion in which general practitioners, assistant county medical officers, health visitors, district nurses, and staffs of infant welfare centres all play their part. Use is also made of literature and exhibition stands of the Central Council for Health Education, supplemented by occasional advertisements in the local press.

Divisional Medical Officers or the District Medical Officers of Health are responsible for the administration, except in one rural district where the work is done in the County Medical Officer's department. Payments are made to District Councils for the services of their officers and the provision of office accommodation in connection with the scheme.

Health visiting cards sent to the nurses are accompanied by a vaccination consent form on which the parents are given the opportunity to state whether they wish vaccination to be done free of cost by their own doctor or under other arrangements to be made by the County Council at a clinic. The consent forms after completion are sent to the Divisional or District Medical Officer who makes the necessary arrangements for the vaccination. When vaccinations are completed the health visitor or district nurse is notified so that the information may be entered on the health visiting card. A monthly list of births in their respective areas is sent to the divisional or district medical officer. This is prepared from the notifications of births and gives the medical officer early intimation of all cases in which a vaccination consent form has been issued. Provision is also made on the lists for noting that a child has been vaccinated or immunised.

The County Council's scheme provides that every doctor practising in the administrative county shall be given an opportunity to take part in the work whether or not he is providing services under part IV of the National Health Service Act 1946.

When the divisional or district medical officer refers a case to the general practitioner, he is supplied with a record card for completion and return to the County Medical Officer who arranges for payment for the record. In order to reduce clerical work for the doctor he is also supplied with a printed letter offering the parent an appointment either at home or at the doctor's surgery and with addressed envelopes for sending the completed record cards to the County Medical Officer. These arrangements do not, of course, preclude any doctor performing vaccination or immunisation when he is approached direct by a parent, a small supply of record cards having been issued to each doctor for use in such instances.

It is not considered advisable to approach parents about vaccination and immunisation at the same time so that consent forms for immunisation are not sent to the health visitors and district nurses until children are six months of age. The procedure is then similar to that for vaccination. Until recently the "booster" immunisation was given shortly after entering school but attempts are now being made to do this *before* the child goes to school.

The County Council has not taken powers in its proposals under Section 26 for whooping cough immunisation and the giving of such inoculation whether or not in combination with diphtheria immunisation rests on individual practitioners acting in their own medical discretion.

Through the local medical committee, the help and advice of general medical practitioners was sought with particular reference to the rather disappointing response towards vaccination. As a result a card was designed and sent to all general practitioners in the county for display in the waiting rooms of their surgeries. The card is also displayed in clinics and Infant Welfare Centres.

10. *Ambulance Service*

The following table shows the cases conveyed and mileage covered during 1952 :—

<i>Month</i>		<i>Cases</i>		<i>Miles</i>	
		1952	1951	1952	1951
January	—	6,561	5,634	43,399	45,321
February	—	6,354	5,226	40,871	42,226
March	—	7,578	5,549	42,575	45,016
April	—	7,552	5,983	40,020	44,785
May	—	9,848	6,311	45,562	48,066
June	—	8,579	5,707	40,470	42,735
July	—	9,729	5,946	43,028	43,531
August	—	7,459	5,056	43,509	40,218
September	—	8,488	5,012	45,588	39,795
October	—	9,138	6,132	47,264	41,206
November	—	9,520	6,218	47,100	40,104
December	—	8,805	5,696	48,177	38,395
		<u>99,611</u>	<u>68,470</u>	<u>†527,957</u>	<u>‡511,398</u>

† including 394 residue miles, Worcester City Voluntary Ambulance Committee

‡ including 477 residue miles, Worcester City Voluntary Ambulance Committee

During the year 424 journeys by railway were arranged, as compared with 309 in 1951.

Although the number of cases conveyed and mileage covered shows an increase over the preceding year, this can be accounted for as follows :—

- (a) Two hospitals (All Saints' Hospital, Bromsgrove and Ronkswood Hospital, Worcester) have expanded the scope of their work considerably, and larger numbers of patients have been conveyed to out-patients clinics, etc.
- (b) The County Council have taken over operational responsibility for the conveyance of patients between the two rheumatic diseases hospitals in Droitwich Spa and the Brine Baths. Nearly two thirds of the increase in the number of patients conveyed is due to this.

(c) More cases were conveyed to the mental occupation centre in 1952.

(d) There was an increase in infectious cases.

The hospital car service work is set out below :—

<i>Month</i>	<i>Cases</i>		<i>Miles</i>	
	1952	1951	1952	1951
January	— 1,224	1,139	18,991	14,333
February	— 1,356	1,189	19,750½	15,727
March	— 1,233	1,177	18,793½	15,840
April	— 1,246	1,556	18,293	18,221
May	— 1,593	1,508	20,277½	18,193½
June	— 1,397	1,685	18,479	22,021
July	— 1,602	1,716	22,800½	21,496½
August	— 1,142	1,313	18,211½	18,242
September	— 1,194	1,533	18,817	17,485½
October	—	1,770		20,666½
November	—	1,855		20,702½
December	—	1,108		16,905
		17,549		219,833½

The increase of the work is due to (a) above and also to a general increase in the number of cases conveyed to out-patients clinics.

There has been full co-operation with hospitals and general practitioners, and considerable mileage is saved by the combining of cases (this is often effected by arranging for appointment times to be altered). It is evident, however, that if there had not been a close scrutiny of cases the mileage and cases conveyed would have been much higher. On several occasions requests were received to convey cases to distant hospitals, when on investigation it was found that the patient had either (i) refused to have treatment locally, although available, or (ii) been sent by their general practitioner to the district hospital. In the latter instance, arrangements were made for the patient to receive treatment locally and in the former transport was not provided.

No new types of equipment were brought into service during the year

During the year, two new Austin 'P' type sitting case ambulances were brought into service. Seven of these vehicles are now in use, one at each of the larger stations. They will each convey a maximum of nine patients and are proving extremely useful for the conveyance of sitting cases to clinics.

In addition, one new Morris ambulance was purchased as replacement for an old vehicle.

II. *Prevention, Care and After Care*

(1) *Tuberculosis*. This service is directed from the office of the County Medical Officer of Health through the local after-care committees and the chest clinics, where the executive officers are the chest physicians and the health visitors.

The County is covered by eight after care committees operating in Oldbury, Stourbridge, Halesowen, Kidderminster, Bromsgrove Urban District, Bromsgrove Rural District, Redditch and South Worcestershire. These committees are made up of representatives of the District Councils together with other local persons interested in the care of the tuberculous ; and the meetings are attended by chest physicians, health visitors, and officers of the central and local government departments concerned in this work. They have a dual function. Firstly they administer benefits on behalf of the County Council, including the loan to patients of garden shelters, beds and bedding, and the granting of free milk and food allowances. They also sponsor recommendations for re-housing. Secondly, some of these Committees raise voluntary funds, which enable them to provide additional benefits.

Recommendations to the after care committees usually arise from the chest clinics which are the active centres of both after care and prevention. Whole time tuberculosis health visitors have been employed whose areas coincide with those of the Chest Clinics from which they work. There remains a considerable part of the county to which this does not apply and here visiting is done by general purpose health visitors and district nurses. The health visitor reports on environmental conditions, persuades contacts to come to the clinic for examination, instructs the patient in methods of preventing infection, and advises the patient and family generally with regard to their welfare.

The full time tuberculosis health visitors attend at the Regional Hospital Board clinics sometimes as sole assistant to the chest physician, sometimes to exercise their true function of advice to the patient and liaison between the chest physician and the patient and his environment. The provision of clinical and nursing assistance is still very inadequate in some areas and the tuberculosis health visitor is only too often a maid of all work doing everything but her real work. Testing of contacts may be carried out in clinics or sometimes at home and tuberculosis health visitors assist in reading of results. They work very closely with the chest physician in the care of the patient. Following meetings with the almoners dealing with this group of patients, a good working liaison has been established with the hospital service. Liaison with other workers on the district (the health visitor and district nurse principally and the general practitioner) is just as essential but slower to initiate. Tuberculosis health visitors by virtue of their isolation need more frequent attendance at specialised courses where they can meet others with similar problems.

The main link between the preventive and clinical services is the chest physician, who is in constant consultation with the health visitor at the chest clinic. There is no doubt that co-operation between these two officers is most effective where the health visitor is employed whole time in tuberculosis work.

B.C.G. inoculations are carried out in accordance with the recommendations of the Ministry of Health, being mostly confined to child contacts. In 1952, 263 inoculations were done, and there were no complications of note. In the opinion of the chest physician it is still considered that the time is long overdue for this preventive measure to be widely extended beyond the present restricted groups.

Frequent use is made of the services of the Children's Department for the boarding-out of child contacts, and also of the home help service.

Mass radiography, though not the responsibility of the County Council is largely a preventive measure, and it is appropriate to express the view here that the County would benefit greatly by a much wider and more regular functioning of this service within its borders.

Full use is made of the facilities provided by the Ministry of Labour for rehabilitation and training.

Up to the present time, the co-ordination of the preventive and clinical sides of the work has been facilitated by the fact that both have been administered centrally by the same staff from the office of the County Medical Officer. It has recently been proposed by the Regional Hospital Board that administration of the clinical work should be decentralised to the chest clinics under the charge of the hospital management committees. Although this would appear to be a logical step in tune with the National Health Act, it may result in a less close liaison between the County Medical Officer and chest physicians and in a less effective and less economical operation of the tuberculosis service as a whole.

(2) *Illness Generally.* Nearly every activity of the Local Health Authority has its bearing on the prevention of illness. Problems created by adverse environmental factors are every bit as real in the country as they are in the crowded cities. The Local Health Authority advises the District Councils to improve any out of date means of water supply and sewage disposal. Financial assistance is given in generous measure, valuable advice and consultant opinion are always available and nearly always keenly sought. Much doubt has been expressed regarding the possible lack of supervision due to the change in the sampling of milk especially from the small producer-retailer.

Health visitors, home nurses and home helps play an important part in the prevention and care of illness and with the growing emphasis on domiciliary care, their services are more than ever in demand.

Nursing equipment depots, maintained by the St. John Ambulance Brigade and the British Red Cross Society, are strategically situated throughout the county.

Good co-operation exists between the family doctors, hospitals and this authority. Facilities for consultant opinion are available at short notice.

Much emphasis is laid on propaganda and persuasion about vaccination and diphtheria immunisation and in times of epidemic a certain amount of education of the public is possible during routine visiting and in clinics.

Convalescence. This is a service which was included as a form of after care in the County Council's proposals under Section 28 of the National Health Service Act. The cases covered by the arrangements are those for which the Regional Hospital Board is not responsible, that is to say, persons requiring "recuperative" convalescence without medical or nursing attention.

Persons assisted by the County Council in connection with convalescent home treatment contribute according to their means. This does not apply to children in attendance at maintained schools as the Education Act 1944 precludes any charge being made for treatment. For the purpose of assessing contributions towards the cost of maintenance a scale, which is in operation for other county health services, is used. This scale is kept under review and when necessary revised to bring it into line with changes of pension rates and increased costs of living.

Cases have been referred by hospitals, general practitioners and assistant county medical officers. Applications have to be supported by medical certificates.

Reports are obtained upon all convalescent homes to which patients are sent under the Council's scheme.

12. *Domestic Help*

The County Council have established, so far as it is practicable, a domestic help service for all householders where help is undoubtedly required. The service is administered by the County Council and is organised by the W.V.S. It was originally proposed that a whole time county organiser should be appointed but such an officer has not yet been appointed. A quarterly report on the service is provided by the County Organiser for the W.V.S.

The County Medical Officer assisted by his Deputy and other medical and non-medical members of his staff, administer, in co-operation with the organiser, any schemes or arrangements approved by the Council.

In the more populous parts of the county a local organiser, who is a member of the W.V.S., supervises the services. The local organiser deals with preliminary enquiries and reports to the County Organiser who keeps in touch with the service throughout the county. In many small towns and rural districts, no local part-time organiser has been appointed and the County Organiser for the W.V.S. is directly responsible for the supervision and selection of domestic helps.

Recruiting. The showing of a home help film plays a large part in the recruitment of domestic help. This has been shown in several areas throughout the county and possibly because of village publicity and the help of the district nurse many home helps have been enrolled in rural areas.

Training. Domestic helps are encouraged to obtain the Diploma of the National Institute of Houseworkers and periodic residential courses are arranged. On one occasion at least, a training course was arranged when an instructor was provided by the Institute. It is hoped to extend facilities for the training of all domestic helps throughout the County.

Assessment. The charge to householders is made on an hourly basis according to the income. New scales which have been recently introduced have reduced the number of special assessments, made in cases of chronic illness, tuberculosis, etc. No charge is made to old age pensioners with no other source of income.

Pay and Uniform. Domestic helps are subject to the service conditions of the West Midlands Joint Industrial Council, for pay, annual leave and sickness allowance. Rates of pay have been increased from a minimum of 1/10d to 2/- per hour to 2/2¼ or 2/3d according to the zone. Domestic helps work a 42 hour week. Full time and regular part time helps have a guaranteed wage, subject to their observing certain requirements. Every endeavour is made to provide maximum employment for these helps to keep "un-productive" wages to a minimum. All domestic helps are paid directly through the County Treasurer.

Overalls and outdoor uniforms are supplied free of charge to full time and part time helps. To qualify for outdoor uniform three months satisfactory service must have been given. Aprons are supplied to occasional home helps.

Infectious Disease and Tuberculosis. A domestic help is not required to assist in a house, where tuberculosis or other infectious disease is present, without the consent of the Medical Officer of Health. Certain selected cases are provided with home helps willing to undertake these duties. These home helps are examined by the chest physician and a chest X-ray taken either before or when attendance is commenced; and a re-examination made after six months or earlier if the home help desires or if the chest physician considers it necessary.

The employment of regular whole time domestic helps will seldom be practicable in sparsely populated rural areas and where a home help has to travel several miles to a case, transport is found to be a very real difficulty. The assistance of the district nurse is sometimes sought in connection with the selection of suitable persons to give occasional domestic help in rural areas in the south of the County. Experience has not shown that there is urgent need for mobile and residential home helps although it is hoped that progress in this direction will be made.

Certain progress has been made in providing family welfare home helps, who are specially trained and are temperamentally suitable to deal with social problems caused by a large family of young children, poor housing conditions, or poor physique of one or both parents. Under these adverse home circumstances the mother sometimes loses heart and the family shows every sign of becoming a problem. Family welfare home helps, free of cost to the family, assist the mother with the house and family, by doing the work with her, teaching her how to manage in the best way, rekindling her pride in her home, helping her with her budget, childrens clothing, and other household problems, and generally rehabilitating her and her family. Attempts to deal with the problem family are costly as in most cases help has to be provided free of charge but experience has shown that it is possible to rehabilitate problem families in this way.

This branch of the domestic help service is still in its infancy and there appear to be great possibilities for future development.

13. *Health Education*

Until 1952 this was largely an individual matter and there was no co-ordinated approach to various fields where instruction of the public was required. Local arrangements were often made in conjunction with a demonstration or health week organised by the district council. In child welfare clinics the Central Office of Information film unit was most useful, and its cessation on grounds of economy has virtually closed down the service.

In 1951 the part time post of Health Tutor to the Nursery Nurses' Examination Board course fell vacant and the opportunity was taken of putting into effect a plan previously made to combine the post of health tutor with that of co-ordination of health education in the county area.

Every opportunity for small scale talks and demonstrations is taken by health visitors and district nurses at child welfare centres.

In addition speakers are supplied to Parent Teacher Associations, District Meetings of the Women's Voluntary Service and Women's Institutes and senior officers both medical and nursing have addressed county meetings.

Exhibitions and demonstrations extending over a period of one week have been held at Oldbury and Kidderminster with marked success.

14. *Mental Health*

(i) *Administration*

(a) *Mental Health Sub-Committee.* The County Council have delegated its powers in relation to mental health to this Sub-Committee which is composed of twenty-five members (twenty County Council and five co-opted members) and meets quarterly. With the consent of the Birmingham Regional Hospital Board, the medical superintendents of the two mental hospitals and the mental deficiency colony in the county attend meetings of the Sub-Committee in an advisory capacity.

(b) *Staff.* The mental health service is still without a medical officer exercising control over the service. The assistant county medical officers undertake ascertainment of mental defectives.

Day to day control of the service is exercised by the mental health administrative officer. At the present time the staff engaged in the service are six duly authorised officers, one assistant duly authorised officer, two psychiatric social workers, and four mental health workers employed at the occupation centre.

(c) *Co-ordination with Regional Hospital Boards and Hospital Management Committees.* By arrangement with the Birmingham Regional Hospital Board the specialist advice of the Board's officers can be obtained when required. This assistance is of particular importance before cases are reported to the local health authority under the provisions of the Education Act 1944 and also when diagnosis of borderline cases and very young children present difficulty. The specialists concerned are the medical superintendents mentioned above.

Co-operation is given to all Hospital Management Committees in the supervision of their cases on licence and on holiday in the county. These cases are visited on behalf of the Management Committees and progress reports made quarterly. The female patients on licence are employed chiefly in residential situations as domestics, the male patients as agricultural and all workers, continue to do well.

By arrangement with the medical superintendents of the two mental hospitals in the county the services of the two psychiatric social workers have been made available for use by the hospitals as required.

(d) *Voluntary Associations.* No duties in the county are delegated to voluntary associations but payment is made to the Guardianship Society at Brighton for the supervision of two cases under guardianship at Eastbourne.

(e) *Staff Training.* Members of the staff, more particularly duly authorised officers, and mental health workers, have attended various courses, both residential and non residential, in mental health. The mental health workers are encouraged to attend annual refresher courses arranged by the Staffordshire County Council.

(ii) *Community Work*

(a) *Prevention, Care and After-care.* Mental defectives in the community (supervision, guardianship and licence) are visited by the duly authorised officers and health visitors. The duly authorised officers visit male mental defectives over the age of five years, patients under guardianship and on licence from institutions. The duties of these officers are combined with general welfare work in their respective areas. Female mental defectives and males under the age of five years are visited by the health visitors.

After care in connection with mental ill health is undertaken by the psychiatric social workers and to a limited extent by the duly authorised officers, for cases discharged from mental hospitals. Persons suffering from ill health are encouraged by officers to attend the out-patient clinics established by the regional hospital board at various centres in the county.

(b) *Lunacy and Mental Treatment Acts 1890 to 1930.* In 1952 there were 394 admissions to mental hospitals within the county, 152 being certified under the Lunacy Act, 241 being admitted as voluntary patients under the Mental Treatment Act and one admitted as a temporary patient under Section 5 of the Mental Treatment Act.

The rate of admission to mental hospitals has steadily increased during the past four years. A welcome trend for the first time appears to be the ascendancy in 1952 of voluntary over certified admissions. This is probably due to the increased use by the public of out patient clinics and the use of Section 20 of the Lunacy Act, 1890, when it is considered that certification could be avoided.

Keeping pace with the increased admission rate, is the rate of discharge from the hospitals. Nowadays, admission to a mental hospital can be compared with admission to a general hospital; patients are admitted, treated, cured and finally discharged, a state of affairs which should do much to dispel in the eyes of the public the supposed stigma of being admitted to a mental hospital.

(c) *Mental Deficiency Acts 1913—38*

(i) *Ascertainment.* Mental defectives are usually ascertained either through the local education authority, general practitioners, parents, courts, national assistance board and welfare officers.

Newly ascertained cases are either admitted to institutions under order or placed under statutory or voluntary supervision.

At the end of the year 452 Worcestershire patients were inmates of institutions throughout the country.

The number of patients on the waiting lists for admission to institutions at the end of the year was 59, 27 of these cases being regarded as being in urgent need of institutional care. The rate of ascertainment for the past two years is practically identical and is roughly double the ascertainment rate for the years 1948, 1949 and 1950. The rate of admission to institutions over the past three years has gradually decreased due to the fact that Lea Colony which opened in 1948, has become completely populated.

(ii) *Guardianship and Supervision.* Arrangements are made when appropriate, for patients to be placed under guardianship but the number of these is very few at the present time. All resident cases are visited by both medical and lay staff as required by statute or more often if the need arises.

The number of cases under supervision on the 31st December 1952 was 620 (403 under statutory supervision and 217 under voluntary supervision). As mentioned under "Community Work" the supervision is exercised by duly authorised officers and health visitors.

(iii) *Training.* An occupation centre has been established at Halesowen where at the moment 41 patients attend daily. A few cases also attend daily at Lea Colony, Bromsgrove by arrangement with the medical superintendent and one case attended at the Occupation centre established by the Gloucestershire County Council at Cheltenham.

The advantage derived by both the parents and the children themselves by attendance at the occupation centre is great and this being so it is proposed to establish further occupation centres in other parts of the county where the need exists when suitable properties become available and the financial position is easier.

It is considered that the needs of the county council with regard to the training of mental defectives would be met by the establishment of two further centres in the county and by the appointment of a home teacher.

J. W. PICKUP,
County Medical Officer

Health Department,
County Buildings,
Worcester.

28th February, 1953

APPENDIX II

REPORT OF THE CHIEF TUBERCULOSIS OFFICER FOR 1952.

Staff.

Certain changes have taken place in the medical staff during the year, and their duties in the chest clinics and sanatoria have been re-organised.

An additional consultant chest physician, Dr. E. N. Moyes, has been appointed and took up his duties in April. In July Dr. J. N. Macartney left Worcestershire to take up the post of consultant chest physician at Walsall, and I wish him every success in his new sphere of action. His place has been taken by Dr. R. A. Kershaw.

With the appointment of an additional consultant, the County has been divided into two clinical areas, North Worcestershire and South Worcestershire. In the choice of these designations, geographical accuracy has been sacrificed to convenience. Each clinical area has its own team of medical officers, and the general scheme is briefly set out here :—

North Worcestershire.

Consultant Chest Physician.	R. B. Mayfield, M.D., D.P.H.
Medical Superintendent of Knightwick Sanatorium and Assistant Chest Physician.	R. C. Cronin, M.B., Ch.B.
Chest Clinics.	All Saints' Hospital, Bromsgrove. Kidderminster General Hospital. Redditch Chest Clinic. Oldbury Chest Clinic.
Sanatorium Beds	Knightwick Sanatorium.

South Worcestershire.

Consultant Chest Physician.	E. N. Moyes, M.D., M.R.C.P.
Assistant Chest Physician.	R. A. Kershaw, M.B., Ch.B., M.R.C.P.
Chest Clinics.	Worcester Royal Infirmary. Corbett Hospital, Stourbridge.
Sanatorium Beds.	Newtown Hospital, Worcester. Hayley Green Hospital.

There is also provision for the appointment of a junior hospital medical officer to each team, chiefly for in-patient duties.

It will be observed that each team covers one whole hospital management group area and also that part of another such area as lies within the borders of Worcestershire. Thus the North Worcestershire tuberculosis area includes Oldbury as well as the Mid-Worcestershire Hospital management area, and the South Worcestershire tuberculosis area includes Stourbridge and Halesowen (both served by the Corbett Hospital chest clinic) in addition to the South Worcestershire hospital management area. This arrangement effects a fairly even division of the work between the two teams, and is a compromise between organising the work on the basis of hospital management areas or, as in bygone days, on the area administered by the County Council. It is hoped that co-ordination of the preventive and clinical sides of the work will be facilitated by thus ensuring that the boundaries of the clinical tuberculosis areas and those of the County of Worcestershire coincide. This is regarded as especially important in view of further administrative changes which are proposed by the Regional Hospital Board, to which reference is made later in this report under the heading "prevention and after-care."

Minor thoracic surgery for patients in Knightwick Sanatorium and Newtown and Hayley Green Hospitals is done at Knightwick.

Patients requiring major surgery have their operations at St. Wulstan's and the Queen Elizabeth Hospitals.

Both teams also send patients to St. Wulstan's Hospital and Romsley Hill Sanatorium for medical treatment.

The Health Visiting staff remains substantially unchanged.

Table I shows the numbers of notifications in each of the past five years and the rates per 1,000 of the population. The numbers for 1952 are somewhat lower than of late, but there has been no remarkable change.

Table II analyses these notifications according to age and sex of the patients concerned.

TABLE I.

Notification of Tuberculosis

Year	Respiratory		Non-Respiratory		All Forms	
	Number of Cases	Rate per 1,000	Number of Cases	Rate per 1,000	Number of Cases	Rate per 1,000
1948	292	0.75	55	0.14	347	0.89
1949	263	0.67	53	0.14	316	0.81
1950	331	0.82	31	0.08	362	0.90
1951	337	0.83	43	0.10	380	0.94
1952	272	0.67	46	0.11	318	0.78

TABLE II.

Notifications of Tuberculosis during 1952 showing Age Periods.

Age Periods	0—	1—	2—	5—	10—	15—	20—	25—	35—	45—	55—	65 and up-wards	Total
Pulmonary—													
Males	2	—	1	3	5	15	19	27	28	35	11	9	155
Females	—	—	4	—	5	19	18	34	20	10	3	4	117
Non-Pulmonary..													
Males	—	2	4	3	2	3	1	2	4	1	—	3	25
Females	—	1	4	4	1	1	4	4	—	1	—	1	21
Totals	2	3	13	10	13	38	42	67	52	47	14	17	318

TABLE III.

New cases other than by notification, 1952.

The following new cases came to light during the year by means other than formal notification :—

					Males	Females	Total
Pulmonary	..	..	..	..	30	23	53
Non-pulmonary	..	..	..	..	5	2	7
					35	25	60

These cases came from the following sources :

Death Returns : Local Registrars	..	..	..	..	13
" " Transferable deaths from the Registrar General					Nil
Posthumous notifications	..	..	..	..	Nil
Transfers from other areas	..	..	..	..	43
Other sources	..	..	..	..	4
					60

TABLE IV.

Deaths from Tuberculosis

Year	Respiratory		Non-Respiratory		All Forms	
	Number of deaths	Rate per 1,000	Number of deaths	Rate per 1,000	Number of deaths	Rate per 1,000
1948	135	0.35	20	0.05	155	0.40
1949	146	0.37	21	0.05	167	0.43
1950	103	0.26	20	0.05	123	0.31
1951	97	0.24	18	0.04	115	0.28
1952	77	0.19	11	0.03	88	0.22

Table IV records the numbers of deaths in each of the past five years, together with the rates per 1,000 population. It will be noted that the death rate shows a further encouraging fall to a new low record. This is the usual experience throughout the country in recent years, and much of the credit is due to chemotherapy.

TABLE V.

Deaths from Respiratory Tuberculosis in age groups. :

Years	Males					Females					Totals of Males and Females
	0-	15-	45-	65-	All Ages	0-	15-	45-	65-	All Ages	
1928-32	2	75	31	5	113	4	70	17	2	93	206
1933-37	2	62	31	5	100	2	66	14	4	86	186
1938-42	1	51	34	6	92	2	55	11	4	71	163
1943-47	3	46	36	6	91	3	47	13	3	66	157
1948-52	1	27	32	8	68	1	28	10	3	42	110

Table V shows the average annual numbers of death from respiratory tuberculosis in five-year periods in the past twenty years or so.

The accompanying graph illustrates the trend of the respiratory death rate in the past 50 years. It will be observed that this rate rose during and just after the 1914—18 war, and declined fairly steadily between the wars. This decline was halted to some extent during the 1939-45 war, and thereafter has been resumed with greater rapidity.

**AVERAGE DEATH RATE FROM RESPIRATORY TUBERCULOSIS IN
FIVE-YEAR PERIODS 1903 TO 1952. Worcestershire.**

Deaths
per 1,000
population.

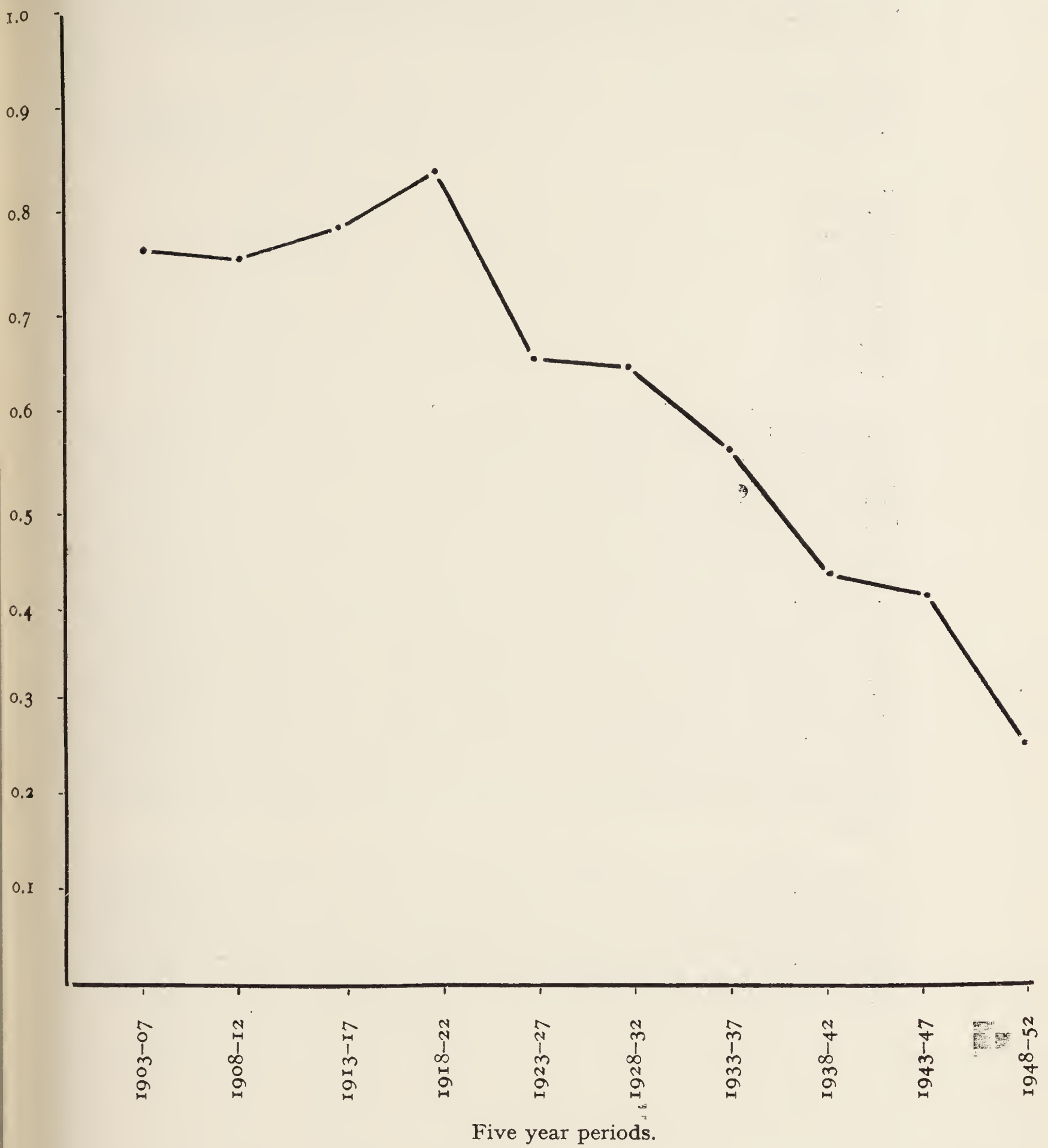


Table VI shows the percentage change in these five year averages plotted on the graph. Against each five-year period (except 1903—07) is shown the difference between the average for this five years and that of the previous five years expressed as a percentage of the latter. This Table thus gives some idea of the rate of change of the respiratory death rate during the past fifty years.

TABLE VI.

Five-year Period	Percentage difference of respiratory death rate from previous five-year period. (See description in text)
1908—12	—1.3%
1913—17	+0.4%
1918—22	+0.8%
1923—27	—2.2%
1928—32	—1.5%
1933—37	—12.1%
1938—42	—22.4%
1942—47	—4.4%
1948—52	—34.9%

It is usually claimed that the fall in this death rate in the last five years is largely due to better methods of treatment of the disease, notably the use of chemotherapy and to a lesser extent improved techniques and a better understanding of the correct use of thoracic surgery. There is much truth in this claim. Undoubtedly there are many people who would not be alive to-day but for the discovery of streptomycin, for instance. Nevertheless, it is interesting to note that the percentage decline of the death rate was increasing in the years between the Wars, when no such dramatic changes in therapy were taking place. What the present position would have been had there been no War and no modern advances in treatment is anybody's guess, but it rather looks as if, up to the present, the good effects of the latter have just about cancelled out the ill effects of the former (if they have done so much). It is a comforting thought that other agencies besides streptomycin and the like are contributing towards the recent slightly rosier outlook in the field of tuberculosis, since the modern therapy is very far from perfect, and could never by itself (at any rate in its present form) eradicate the disease from the population in measurable time. Chief amongst these other agencies should be listed improving standards of living, notably in food and housing, and the slowly rising resistance of the people to this disease owing to the gradual elimination of the more susceptible hereditary strains.

Nothing that has been said here is intended to deprecate the value of chemotherapy or modern chest surgery. These agencies are often of the utmost value in individual cases, and from the epidemiological standpoint too are most welcome allies in helping to speed the parting guest. It might also be remarked here that so far the parting guest has done no more than stir uneasily in his seat, and may yet settle down again if preventive measures are allowed to relax. Hope for the future, however, was never better founded than it is to-day.

TABLE VII.

Notification and death rates in districts 1952.

Popu- lation	District	Notif'n rate per 1000	Death rate per 1000	Total cases notified	Total Deaths
4833	Bewdley Borough	0.62	—	3	—
28460	Bromsgrove Urban	0.80	0.17	23	5
6627	Droitwich Borough	0.75	—	5	—
11940	Evesham Borough	1.00	0.17	12	2
39730	Halesowen Borough	0.78	0.25	31	10
37700	Kidderminster Borough	0.66	0.21	25	8
24250	Malvern Urban	0.90	0.45	22	11
53790	Oldbury Borough	1.23	0.26	66	14
30360	Redditch Urban	0.74	0.13	23	4
37710	Stourbridge Borough	0.50	0.42	19	16
10400	Stourport-on-Severn Urban ..	0.86	0.67	9	7
28240	Bromsgrove Rural	0.92	0.14	26	4
13040	Droitwich Rural	0.46	0.15	6	2
16380	Evesham Rural	0.43	0.06	7	1
11980	Kidderminster Rural	0.42	0.08	5	1
11470	Martley Rural	0.96	—	11	—
16410	Pershore Rural	0.61	0.18	10	3
5330	Tenbury Rural	—	—	—	—
15950	Upton-on-Severn Rural	0.94	—	15	—
404600	Whole County	0.78	0.22	318	88

Table VII shows the notification and death rates in districts. Tables VIII and IX show respectively the notifications and deaths as they occur in urban and rural communities in the county. In both of these last two Tables, the respiratory and non-respiratory forms of the disease are shown separately. It will be observed that the respiratory form is more prevalent in the Urban Districts. Allowing for the smallness of the numbers, there is not much difference between the two types of district as far as the non-respiratory form of the disease is concerned.

TABLE VIII.

Notifications in Urban and Rural Districts

			Respiratory		Non-Respiratory		Both Forms	
			Cases	per 1,000 Rate	Cases	per 1,000 Rate	Cases	per 1,000 Rate
Urban	..	..	200	0.70	38	0.13	238	0.83
Rural	..	..	72	0.60	8	0.07	80	0.67
Whole County	..		272	0.67	46	0.11	318	0.78

TABLE IX.

Deaths in Urban and Rural Districts

			Respiratory		Non-Respiratory		Both Forms	
			Deaths	per 1,000 Rate	Deaths	per 1,000 Rate	Deaths	per 1,000 Rate
Urban	..	..	68	0.24	9	0.03	77	0.27
Rural	..	..	9	0.08	2	0.02	11	0.10
Whole County	..		77	0.18	11	0.03	88	0.21

Prevention, Care and After-Care.

This service is directed from the office of the County Medical Officer of Health through the local after-care committees and the chest clinics, where the executive officers are the chest physicians and the health visitors.

The County is covered by eight after-care committees operating in Oldbury, Stourbridge, Halesowen, Kidderminster, Bromsgrove Urban District, Bromsgrove Rural District, Redditch and South Worcestershire. These committees are made up of representatives of the Local Authorities together with other persons interested in the care of the tuberculous, and meetings are attended by chest physicians, health visitors and officers of central and local government departments concerned in this work. They have a dual function. First, they administer benefits on behalf of the County Council, including the loan to patients of garden shelters, beds and bedding, and the granting of free food allowances. They also sponsor recommendations for rehousing. Secondly, some of these committees raise voluntary funds, which enable them to provide additional benefits.

Recommendations to the after-care committees usually arise from the chest clinics which are the active centres of both after-care and prevention. The general principle has been adopted of employing whole-time tuberculosis health visitors whose areas are coterminous with the areas of the chest clinics from which they work. There remains a small part of the County to which this principle has not yet extended, and here the visiting is done by general purpose health visitors and district nurses. The health visitor reports on environmental conditions, persuades contacts to come to the clinic for examination, instructs the patient in methods of preventing infection, and advises the patient and family generally with regard to their welfare.

B.C.G. inoculations are carried out in accordance with the recommendations of the Ministry of Health, being mostly confined to child contacts. In 1952 263 inoculations were done, and there were no complications of note. It is still considered that the time is long overdue for this preventive measure to be widely extended beyond the present restricted groups.

Frequent use is made of the services of the Children's Department for the boarding-out of child contacts ; and also of the County Home Help Service.

Mass radiography, though not the responsibility of the County Council, is largely a preventive measure, and it is appropriate to express the view here that the County would benefit greatly by a much wider and more regular functioning of this service within its borders.

Full use is made of the facilities provided by the Ministry of Labour for rehabilitation and training.

The main link between the preventive and clinical services is the chest physician, who is in constant consultation with the health visitor at the Chest Clinic. There is no doubt that co-operation between these two officers is most effective where the health visitor is employed whole-time in tuberculosis work.

Up to the present time, the co-ordination of the preventive and clinical sides of the work has been facilitated by the fact that both have been administered centrally by the same staff from the office of the County Medical Officer. It has recently been proposed by the Regional Hospital Board that administration of the clinical work should be decentralised to the chest clinics under the charge of the hospital management committees. While this would appear to be a logical step in tune with the National Health Service Act, it is likely to result in a less close liaison between the County Medical Officer and the chest physicians, and the splitting of the one comprehensive central administration into two may result in a less effective and less economical operation of the tuberculosis service as a whole.

TABLE X.

Numbers of Families Re-housed in 1952 on account of tuberculosis.

Kidderminster Divisional Area	..	..	..	11
Oldbury Divisional Area	..	..	..	6
Bromsgrove Urban District	..	..	..	4
Droitwich Borough	..	..	..	2
Evesham Borough	..	..	..	1
Halesowen Borough	..	..	..	10
Malvern Urban District	..	..	..	4
Redditch Urban District	..	..	..	5
Stourbridge Borough	..	..	..	4
Bromsgrove Rural District	..	..	..	Nil
Droitwich Rural District	..	..	..	Nil
Evesham Rural District	..	..	..	Nil
Martley Rural District	..	..	..	Nil
Pershore Rural District	..	..	..	4
Upton on Severn Rural District	..	..	..	1
				—
Total	..	..	..	52
				—

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